

Muckamore Abbey Hospital Inquiry

Module 6b – Ennis Ward Adult Safeguarding Report

**MODULE 6b WITNESS STATEMENT
ON BEHALF OF BELFAST HEALTH AND SOCIAL CARE TRUST**

I, Brenda Creaney, Executive Director of Nursing and User Experience within the Belfast Health and Social Care Trust (the Belfast Trust), make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (the MAH Inquiry):

1. This statement is made on behalf of the Belfast Trust in response to a request for evidence from the MAH Inquiry Panel dated 7 December 2023. The statement addresses a series of questions relating to what has been described by the MAH Inquiry as Module 6b about the Ennis Ward Adult Safeguarding Report.
2. This is my first witness statement to the MAH Inquiry.
3. As with other evidence modules, it is not possible for any one person in the Belfast Trust to address the matters the MAH Inquiry has asked the Belfast Trust to address in the letter of 7 December 2023. Accordingly, while I am the witness statement maker on behalf of the Belfast Trust for the purposes of the Module 6b Ennis Ward Adult Safeguarding report statement, I make this statement having had the particular assistance of the following individuals:
 - a. Colm Donaghy, former Chief Executive of the Belfast Trust
 - b. Marie Mallon, former deputy Chief Executive of the Belfast Trust

- c. Cecil Worthington, former Director Social Work at the Belfast Trust
 - d. TracmReid, present Director of Social Work at the Belfast Trust
 - e. John Growcott, former Co-Director of Social Work at the Belfast Trust
 - f. Catherine McNicholl, former Director of Adult Social and Primary Care at the Belfast Trust
 - g. Marie Heaney, former Director of Adult Social and Primary Care at the Belfast Trust
 - h. John Veitch, former Co-Director of Learning Disability at the Belfast Trust
 - i. Rhonda Scott, present Assistant Service Manager at the Belfast Trust
 - j. Geraldine Hamilton, previous Interim Operational Manager at Knockbracken in the Belfast Trust
 - k. Ciaran Mulgrew, present Chairman of the Belfast Trust
4. I am grateful to all of the individuals who have given of their time to try to consider a matter that, in the main, occurred in excess of 10 years ago.
5. It has unfortunately not been possible in the time available to speak to all of the individuals who may have been able to assist to piece together what occurred in respect of the matters being considered by the MAH Inquiry. It is unfortunately the case that when the matters were being dealt with in real time it would not have

been envisaged that the matters would need to be addressed before a public inquiry.

6. This statement has not included input from any of the authors of the Ennis Adult Safeguarding Report. I recognise that the recollections of those individuals are also likely to be important as to how adult safeguarding procedures operated in 2012 and 2013, why certain escalations would normally happen, and why other escalations may not have happened. For instance, I did not make contact with Ms Morrison, who no longer works in the Belfast Trust, because I was made aware that Ms Morrison had already been contacted by the MAH Inquiry about this subject at an earlier stage, and because I am aware there is an ongoing process in the Belfast Trust relating to Ms Morrison.
7. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "BC1".
8. The 7 December 2023 MAH Inquiry request for evidence can be found at Tab 1 in the exhibit bundle. It contains a set of 21 questions directed to the Belfast Trust.
9. In the 7 December 2023 MAH Inquiry request letter reference was made to a bundle of documents entitled "*Module 6b: Ennis Ward Adult Safeguarding Report – Bundle for Witnesses*" (the Ennis Bundle). The Ennis Bundle made available to the Belfast Trust contains 804 pages of material. The index to the Ennis Bundle can be found behind Tab 1 in the exhibit bundle, at Enclosure 1. The 804-page Ennis Bundle is incorporated by reference behind Tab 1 of the exhibit bundle.
10. In order to try to comprehensively answer the questions posed by the MAH Inquiry it is necessary for the Belfast Trust to refer some additional documents not presently contained in the Ennis Bundle.

11. The MAH Inquiry had already asked the Belfast Trust to address the October 2013 Ennis Ward Adult Safeguarding Report, amongst others, as part of its Module 6 witness statement. The Belfast Trust Module 6 witness statement, signed by Martin Dillon, former Chief Executive of the Belfast Trust, was provided on 26 April 2023. Topic 2 of the 26 April 2023 statement, between paragraphs 23 to 143, addressed the October 2013 Ennis Ward Adult Safeguarding Report, along with the documents found at Tab 3 of the exhibit bundle to the 26 April 2023 statement, from page 214 to 930. It is necessary that this statement is read alongside the above sections of the 26 April 2023 witness statement.

12. In particular, I refer to paragraphs 34 and 35 of the 26 April 2023 statement:

"It is perhaps important to note that the Ennis Adult Safeguarding Investigation Report, and the adult safeguarding process it summarised and reflected, is but one part of the Belfast Trust's internal procedures when an adverse incident of this type occurs. The report essentially marked the conclusion of the vulnerable adult safeguarding investigation. However, many other actions and steps were taken in the immediate aftermath of the allegations being made, and during the course of the vulnerable adult investigation.

The response to the Ennis Adult Safeguarding Report must therefore be seen in that context and considered in conjunction with all of the steps that had already been taken by the Belfast Trust in response to the allegations. Some of the steps were taken as part of the vulnerable adult investigation, some of the steps were taken in conjunction with RQIA, and some were taken as part of further internal investigations and actions."

13. The key issue that the Belfast Trust would want to emphasise, and as demonstrated by the content of the available documentation, when considered in detail, that the allegations about what was said to have occurred on the Ennis Ward in 2012 were taken very seriously. That is not to say that the Belfast Trust will have got

everything right in its response to those matters, nor that everyone involved would have agreed with each other about every matter that was considered, but the Belfast Trust would not want the MAH Inquiry, or anyone following its work, to think that the matter was addressed other than seriously. It is an unfortunate fact, as discussed later in this statement, that there will be occasions, right across the health and social care sector, where staff do not behave as they should. It will also be the case that how those situations are addressed will prompt legitimate disagreement amongst those dealing with the situation.

14. The Belfast Trust also recognises that it is very difficult for hindsight not to affect any consideration of the approach to the matters relating to the Ennis ward in 2012, given the events of 2017 and their aftermath.

Qualification, Experience and Position of the Statement Maker

15. I have been the Executive Director of Nursing and User Experience in the Belfast Trust since January 2010. I have responsibility for two extensive portfolios. The first is in respect of Nursing, Midwifery and Allied Health Professionals. The second is for Patient and Client Support Services. As an Executive Director I am a member of the Executive Team and the Trust Board.

Overarching Context at Muckamore Abbey Hospital and Ennis Ward

16. In considering the responses to the 2012 events connected to Ennis ward, the MAH Inquiry is invited to also consider the then context of the hospital. The Belfast Trust considers that the context is important when assessing the nature of the Belfast Trust response at the material time.
17. In February 2012 Muckamore Abbey Hospital had 212 patients. In February 2013 Muckamore Abbey Hospital had 199 patients.

18. Muckamore Abbey Hospital, in November 2012, provided care across 13 wards; Cranfield (Men), Cranfield (Women), Cranfield (PICU), Donegore, Killead, Sixmile Assessment, Sixmile Treatment, Ennis, Rathmullan, Erne, Greenan, Moyola and Oldstone.

19. In terms of staff at Muckamore Abbey Hospital; as at 31 March 2012 the staff complement was as follows:

MAH @ 31.03.2012	
Professional Area	No of Staff
Admin & Clerical	43
Estate Services	13
Medical	6
Nursing	398
Prof & Tech	3
Social Care	36
Support Services	106
Grand Total	605

20. The staff complement as at 31 March 2013 was as follows:

MAH @ 31.03.13	
Professional Area	No of staff
Admin & Clerical	45
Estate Services	12
Medical	7
Nursing	424
Prof & Tech	1
Social Care	36
Support Services	103
Grand Total	628

21. Ennis Ward itself appears to have had in excess of 20 members of staff at the material time, working on rotational shifts (MAHI-1-236 to 245).
22. The available material indicates that staffing was a problem in general across the hospital site in 2012, and this included on Ennis ward itself.
23. In terms of adult safeguarding within Muckamore Abbey Hospital itself, between 1 January 2012 and 31 December 2012 there appear to have been 565 referrals.
24. Between 1 January 2013 and 31 December 2013 there were some 804 adult safeguarding referrals.
25. In considering the response of the Belfast Trust to the allegations made about some staff on Ennis Ward in November 2012, this overall context indicates that the allegations related to a small number of the overall staff complement of the hospital and were said to relate to a small number of patients of the hospital. When these two facts are considered against the extent of the steps that were taken in response to the allegations, the position of the Belfast Trust is that the response demonstrates that the matter was taken very seriously.
26. In 2012 what is now termed adult safeguarding was referred to by reference to the protection of vulnerable adults, or adult protection. The applicable Belfast Trust policy in 2012 was the *"Belfast Health and Social Care Trust Adult Protection Policy and Procedures"* which had the reference TP044/10. The Belfast Trust policy was intended to reflect the requirements of the regional September 2006 *"Safeguarding Vulnerable Adults"* policy. The Belfast Trust policy was updated in 2013. Greater detail was provided in relation to procedures, and there was also a change in language more towards adult safeguarding. The policy title, with the same TP044/10 reference, became *"Belfast Health and Social Care Trust Adult Protection*

Policy and Procedures 2013". The 2009 "*Protocol for Joint Investigations of Alleged and Suspected Cases of Abuse of Vulnerable Adults*" also applied at the time of the 2012 investigation. These various policies can be found behind Tab 2 in the exhibit bundle.

27. Ennis ward had amalgamated with Fairview ward in 2010. In December 2013 Ennis, Erne and Mallow wards amalgamated to form what became known as Erne Ward or Erne Ennis ward. Erne ward closed in August 2021.

28. In November 2012 Ennis ward had two different accommodation areas:

- a. On entering the main entrance hall, and turning right, you had accommodation for 5 or 6 patients (in 2012 there were 6 patients). The patients on this part of the ward were more independent than those on the other part of the ward. This was said to be reflected, amongst other things, in the "*range and choice of furniture*" on the ward (MAHI-Ennis-1-118). Accommodation was three single bedrooms, one double or triple bedroom, a living room and dining room, toilet and bathroom.
- b. On entering the main entrance hall, and turning left, you had accommodation for 11 or 12 patients (in 2012 there were 11 patients) who had greater levels of disability and difficulty and were "*less able and less independent*" (MAHI-Ennis-1-118). There were two dayrooms, each with different facilities to reflect the different levels of difficulty of the patients. There was a dining room in between. Sleeping accommodation was a mix of single room, a double bedroom, and two four person dormitories. There was a sensory room. There was also the kitchen for the ward and the kitchen store.

29. RQIA inspected Ennis ward on 10 and 11 November 2010. The 31-page report is dated 8 December 2010. A consideration of the report demonstrates the extensive and detailed nature of the inspection. The lead inspector, from the RQIA Mental Health and Learning Disability Team, was also one of two representatives from RQIA who subsequently participated in the Ennis Vulnerable Adult/Adult Safeguarding strategy group (discussed below). The lead RQIA inspector was also separately involved in conducting RQIA inspections of Ennis ward in 2012. The 8 December 2010 RQIA Ennis inspection report can be found at *BHSCT – R – 00003 – 2010.11.10 Ennis Ward Inspection Report (31 Pages) – (00354).pdf*.
30. In April 2011, the then Department for Health, Social Services and Public Safety (the Department) commissioned RQIA to carry out a review of the effectiveness of safeguarding arrangements within mental health and learning disability hospitals across the five health and social care trusts in Northern Ireland. RQIA conducted 33 inspections on the theme of safeguarding between December 2011 and July 2012, culminating in a February 2013 42-page report entitled *“Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland. Overview Report”*. The report found that all trusts had policies and procedures in place to keep people safe from the risk of harm and abuse. The report also made 26 recommendations. A copy of the report can be found behind Tab 3 in the exhibit bundle.
31. As part of the RQIA review, Muckamore Abbey Hospital’s then Greenan Ward and Cranfield ICU were inspected by RQIA.
32. The review focused on:
- a. Policies and procedures associated with safeguarding
 - b. Management, supervision and training of staff

- c. Arrangements for the recruitment of staff
- d. Awareness and response to safeguarding concerns
- e. Identification and prevention of abuse
- f. Concerns and complaints from patients and relatives
- g. Records management arrangements.

33. Inspectors considered there was an effective infrastructure in each trust to support the operation of partnership groups, including sub-groups which led in the areas of: policies and procedures; performance management and information; training; and communication and service user experience. However, the inspectors were concerned about the lack of an up-to-date regional policy and procedures for safeguarding vulnerable adults.

The 21 questions to be addressed by the Belfast Trust

Question 1

Once the Ennis Ward Adult Safeguarding Report was completed, who was it provided to within the Belfast Trust?

It is expected that the answer to this question will also explain when and in what circumstances the report was provided to such persons/entities.

34. Unfortunately, it is not now possible for the Belfast Trust to be absolutely sure who the Ennis Ward Adult Safeguarding Report was provided to within the Belfast Trust.

35. The Adult Safeguarding Case Conference Minutes of 28 October 2013 (*MAHI-Ennis-1-71*) indicate that an amended final version of the report had been circulated to those involved in the Joint Protocol Case Conference meeting of 28 October 2013.

36. This included the representatives of the PSNI, RQIA, South Eastern Health and Social Care Trust (the Southern Trust) and the Northern Health and Social Care Trust (the Northern Trust). Within the Belfast Trust it included the Co-Director for

Learning Disability and the Co-Director of Nursing (Education and Learning). Both of the latter individuals, who were senior members of staff of the Belfast Trust, had been involved in the strategy meetings/case conferences during the vulnerable adult/adult safeguarding investigation which began in November 2012.

37. Ms Aine Morrison, who was the Designated Officer for the Ennis Ward vulnerable adult/adult safeguarding investigation, and who, with others, conducted the vulnerable adult/adult safeguarding investigation for the Belfast Trust, may be able to further assist with precisely who the report was provided to once it was completed. Unfortunately, Belfast Trust itself has not been able to establish with any certainty who within the Belfast Trust, beyond the above, was given an actual copy of the final report.
38. This is different from who was aware of the Ennis ward allegations, the steps that were taken in response, and what the ultimate outcome was. For instance, senior members of the Belfast Trust will have known about the allegations, the fact of the vulnerable adult/adult safeguarding investigation, and the prosecution and eventual acquittal of two members of staff.
39. Equally, specific RQIA inspections were carried out in the immediate aftermath of the allegations, and over the subsequent year. Those reports made specific reference to the allegations of abuse of patients by staff on Ennis ward (see, by way of example, *MAHI-Ennis-1-119*, *MAHI-Ennis-1-148* and *MAHI-Ennis-1-168*). RQIA reports that came into the Belfast Trust in 2012 and 2013 arrived with the then Chief Executive of the Belfast Trust, Colm Donaghy, and were circulated to the relevant Director. As discussed below, there was specific RQIA correspondence about the issues at Chief Executive level.

40. I don't believe that the then Co-Director of Nursing (Education and Learning), who worked to me, provided me with a copy of the final adult safeguarding report. However, because of how adult safeguarding processes operated at the time, and still operate, it would not have been normal for me as the Director of Nursing to receive copies of adult safeguarding reports. This is not to say that I did not know about the issues that had arisen on Ennis Ward, and the response to them, which the adult safeguarding investigation was one part of. I was obviously aware of the allegations shortly after they were made. The 9 November 2012 Early Alert to the Department, and the then Health and Social Care Board (HSCB), was made by another one of my Co-Directors (*MAHI-Ennis-1-82/3*).
41. The Early Alert informed the Department that a member of staff had reported that two staff (one Staff Nurse and one Health Care Support Worker), and one Student Nurse, had physically abused 4 patients in Ennis ward at Muckamore Abbey Hospital. Further, that the relevant staff had been suspended pending investigation, that the PSNI had been informed, and the relevant regulatory bodies contacted. I was personally copied into the 9 November 2012 Belfast Trust Early Alert email sent to the Department and the HSCB on behalf of the then Corporate Governance Manager of the Belfast Trust, Claire Cairns. Dr Tony Stevens, the then Medical Director, Ms Catherine McNicholl, the then Director of Adult Social and Primary Care and Ms June Champion, the then Co-Director of Risk and Governance, were also copied into the email with the Early Alert Notification (*MAHI-Ennis-1-83*).
42. I was also involved in decision making to send one of my Co-Directors, Ms Mannion, then Co-Director of Nursing (Education and Learning), to perform the oversight and monitoring role at Muckamore Abbey Hospital (*MAHI-Ennis-1-86*). Ms Mannion kept me updated on what was occurring, including providing me with her proposed action plan for review and providing me with her briefing reports thereafter. Ms Mannion was my direct report and would have raised with me anything she wanted my view about or wished to discuss, and did so at various

points, including during our 1:1 meetings. I was also kept up to date as to the position in relation to the two nurses (H198 and H197) who were both suspended on foot of the allegations (and who were also referred to the Independent Safeguarding Authority) and a CNO alert was requested through the Nurses in Difficulty process. (BHSCCT - II - 00045 - 2013.04.01 - 2014.02_Meeting with the Executive Director of Nursing_Summary Document (33 pages) - (02373).pdf) The nurse H197 was then referred to the NMC after completion of the investigatory process. H198 and H900 the student nurse who was originally suspended, were later reinstated to work under supervision.

43. I can also see from available material that John Veitch, the then Co-Director of Learning Disability, kept Ms Catherine McNicholl, the then Director of Adult Social and Primary Care, up to date with the investigation through providing her with the minutes of the Vulnerable Adult Strategy Meetings/ Adult Safeguarding Case Conferences that took place during the course of the investigation, providing Ms McNicholl with a briefing report written by Ms Esther Rafferty, the then Service Manager for the hospital, as well as discussing the investigation at their monthly one to one meetings. (For examples see BHSCCT - A - 00016 - LD Governance Lead - Various Records - Box File (572 pages) Redacted Copy - (00958) pages 285, 332 and 510 and BHSCCT - A - 00022 - Pages extracted from Director of SSF&CC Records (CMcN)_ASPC Governance (174 pages) - (02450).pdf page 146 & 157).

44. It will also have been the case, though I have to admit that I do not have a memory of them at this remove, that Ms Catherine McNicholl and I would have had meetings and discussions about the progress of various aspects of the Action Plan that was developed following the allegations about what occurred on Ennis ward. I have found one example of such a meeting which took place on 10 April 2013. A copy of the record can be found in BHSCCT - A - 00022 - Pages extracted from Director of SSF&CC Records (CMcN)_ASPC Governance (174 pages) - (02450).pdf at page 113.

45. The available material also indicates that the then Belfast Trust Chief Executive, Colm Donaghy, was made aware of the allegations and their subsequent investigation. On 21 January 2013, RQIA sent the then Belfast Trust Chief Executive its Ennis Ward Inspection Report, and Quality Improvement Plan, following the RQIA unannounced inspection of the Ennis Ward on 13 November 2012. (*BHSCT - A - 00017 - LD Governance Lead- Various Records (Folder 1 of 3) (816 pages) Redacted Copy- (00959) page 128*). The then Chief Executive had the report sent on to Ms McNicholl, the then Director of Adult Social and Primary Care. In reply Ms McNicholl indicated: *"Thanks. Colm left voicemail. Please let him know that Ennis is the ward we are investigating and there is a robust vulnerable adult plan in place. I will brief him further next week."* (*BHSCT - A - 00022 - Pages extracted from Director of SSF&CC Records (CMcN)_ASPC Governance (174 pages) - (02450).pdf* at page 158).
46. On 1 February 2013 the then Chief Executive of RQIA wrote (*MAHI-Ennis-1-210 to MAHI-Ennis-1-213*) to the then Chief Executive of the Belfast Trust in the context of the Ennis abuse allegations. The correspondence was also copied to the then Chief Executive of the HSCB and the Department's Chief Medical Officer. The correspondence raised four areas of concern that the RQIA wanted, at that point, to bring to the attention of the Belfast Trust Chief Executive as part of the RQIA Escalation Policy. It is likely that the reply from the then Belfast Trust Chief Executive, which is likely to have broadly mirrored the information contained in the document found at *MAH-Ennis-1-214 to MAHI-Ennis-1-216*, will have been copied to the same individuals that were copied into the original RQIA correspondence.
47. The subsequent report of the unannounced inspection of Ennis Ward undertaken by RQIA on 29 January 2013 was also sent to the then Belfast Trust Chief Executive under cover letter of 15 March 2013. (*BHSCT - A - 00016 - LD Governance Lead - Various Records - Box File (572 pages) Redacted Copy - (00958) page 554*).

48. Whilst senior people, both within the Belfast Trust, and outside of it, were aware of the allegations of abuse on Ennis ward, and of the steps being taken to address them, it would not be normal for those individuals to receive a copy of the final adult safeguarding report. That would still not occur today. I try to explain why that is below.

Question 2

Why was the report not provided to the Executive Team or Trust Board (see paragraph 6 of the Leadership and Governance Report)?

49. In 2012 and 2013 actual adult safeguarding reports themselves were not provided to either the Executive Team or the Trust Board. That is still the case in the Belfast Trust, and it is anticipated that it is the same in all health and social care trusts in Northern Ireland.

50. As with my answer to question 1, the Belfast Trust wishes to observe that the fact an adult safeguarding report itself is not circulated should not be seen as the Belfast Trust saying that members of the Executive Team or Trust Board (which includes members of the Executive Team) did not know of the issues arising from Ennis ward from the time they are said to have occurred, or that they were not involved in addressing them. However, it was just not the case, and still is not the case, that adult safeguarding reports were or are provided to Executive Team or Trust Board.

51. I can say that there is work ongoing, through the present Executive Director of Social Work, to bring more adult safeguarding information to Trust Board, and the Belfast Trust can provide the MAH Inquiry with more information on this work if that would be helpful.

52. I have to accept, in view of what has occurred in Muckamore Abbey Hospital from 2017, that what I am about to say about the Belfast Trust's approach to adult

protection/adult safeguarding in 2012 and 2013 will seem horribly ironic. Nevertheless, it is important that I provide the MAHI Inquiry with information that bears on the approach taken to adult safeguarding and the operative processes at the time, as, whatever the Belfast Trust's failings in connection with Muckamore Abbey Hospital, it is a subject that the Belfast Trust always intended to take seriously.

53. The Belfast Trust, and in particular Muckamore Abbey Hospital, historically had a strong tradition for pushing forward the agenda of the development of adult protection/adult safeguarding within the region. Muckamore Abbey Hospital is understood to have been the first psychiatric facility in the region to adopt a structured vulnerable adult/safeguarding process. It was also the first facility to require the completion of vulnerable adult forms for every incident that staff reported. When the Ennis Vulnerable Adult/Adult Safeguarding investigation began in 2012, Adult Safeguarding processes were continuing to develop in Northern Ireland. In the 2011-2012 financial year, there were 3,586 Adult Safeguarding Referrals in total in Northern Ireland.¹ 514 of these referrals came from the Learning Disability Service Area within the Belfast Trust². This figure grew to 1,010 referrals in the Learning Disability Service Area within the Belfast Trust between April 2012 and March 2013.³ Seventy one percent of the referrals were from Muckamore Abbey Hospital and twenty nine percent were from the community.⁴ Regionally, referrals grew to 7,747 Adult Safeguarding Referrals in the 2015-2016 financial year.⁵ The point I am trying to make is that the Belfast Trust did regard vulnerable adult/adult protection processes as important. It did promote and encourage, amongst staff, the reporting of matters of concern. I am

¹ The Criminal Justice Inspection Northern Ireland, *'Adult Safeguarding, The approach of the criminal justice system to investigating and prosecuting crimes against vulnerable adults'*, September 2015. Table 1, page 18 *ibid*.

² Belfast LASP AS Report 2013-2014. page 19

³ Belfast LASP AS Report 2013-2014. page 19

⁴ Belfast LASP AS Report 2013-2014. page 19

⁵ Montgomery, L., & McKee, J. (2017). 'Adult safeguarding in Northern Ireland: prevention, protection, partnership. *Journal of Adult Protection*.' Page 7 (Statistic taken from 2015/2016 NIASP Annual Report)

not trying to say Belfast Trust will have got everything right on all occasions, it clearly didn't, but I am asking the MAH Inquiry to accept that the fact that vulnerable adult/adult safeguarding reports were not themselves escalated to the level of the Belfast Trust Executive Team or the Trust Board does not mean that the protection of its patients and service users was not considered a matter of the highest priority.

54. The Belfast Trust did have the highest number of vulnerable adult/adult safeguarding referrals across all of the health and social care trusts at the time of the Ennis process. The developing nature of adult safeguarding processes was an issue that was recognised within the Belfast Trust in the early part of 2012. The minutes of the Belfast Trust Learning Disability and Children's Disability Services Governance Meeting reflect this. The 1 March 2012 minutes of Learning Disability and Children's Disability Services Governance meeting refer to Vulnerable Adults at section 2.2. and state:

"Esther advised that there continued to be a high rate of vulnerable adult incidents in Muckamore Abbey Hospital especially in the last two weeks where four to five of these are occurring per day. Esther raised the issue of increased workload for John Kell, Social Worker and the Operations Manager- it was noted that 60% of John's work at present is form filling and reporting incidents to the PSNI. John Veitch asked that this would be addressed within the Trust Statutory Functions Report and asked that it is ensured that the vulnerable adult activity is highlighted in same. John McCart advised that when the Trust met with the HSCB they highlighted that the Belfast Trust had more vulnerable adult incidents than anywhere else. John advised that himself and Petra had also met with Joyce McKee regarding the level of reporting 6-9 months previously. Joyce had gone away from the meeting to think about the required level of reporting however John has heard nothing since. John voiced his concerns that she felt that the Trust are interpreting the guidance incorrectly but stated that as she hadn't come back with an answer the Trust would continue to report as before. Esther also raised the concerns

that there are a number of files with the PSNI which have not been closed. Aine to raise this issue at LASP meeting.

Esther and Aine to meet with Joyce McKee over next few months- John Growcott to attend same. "

55. Ms Morrison reported back at the next meeting of the Belfast Trust Learning Disability and Children's Disability Services Governance Meeting on 3 May 2012 . The minutes of which state:

"Aine highlighted the issues all Trust were having regarding the interpretation of the Safeguarding Adults guidance and of different approaches by the PSNI in different areas. The Belfast Health and Social Care Trust continues to have the highest number of vulnerable adult incidents in the province which is again due to different Trusts' interpretations of the guidance. Aine advised that a regional group had been set up to review the Joint Protocol which she was part of – this group is chaired by Yvonne McKnight of Belfast Health and Social Care Trust and should rectify some of the issues highlighted. Brendan advised that the Trust had met with RQIA the previous day regarding how the Safeguarding Adults guidance was being implemented through the Trust. Brendan advised that RQIA had been very complimentary of the Trust and had felt the Trust was leading the way on a number of issues for Northern Ireland. Brendan advised that he felt this was because there was a good level of awareness regarding Safeguarding Adults in the Trust. John advised that until an agreement is reached regarding the level at which Vulnerable Adult incidents should be reported staff should continue to report as before.

Aine to refer this issue in the Statutory Functions Report."

56. This was then reflected in the 2012-2013 Belfast Trust Delegated Statutory Functions Interim Report (BHSC-T-I-00011-2012-2013_DSFI_Interim (40 pages)-(02061).pdf) at page 30, which noted that:

"Working relationships with the PSNI are good and there is generally a positive approach to co-ordination and joint working. The Trust has raised its concerns about the time implementation of vulnerable adult procedures as a result of resource and capacity pressures being experienced by the PSNI.

Difficulties remain about differences in interpretation of the current Joint Protocol.

The Service Area welcomes the revision of the Joint Protocol and would be hopeful that an agreement between all parties on this would resolve some of the current concerns.

The Service Area awaits the new regional DHSSPSNI Adult Safeguarding policy."

57. When the Ennis allegations were made in November 2012, the *"Belfast Health and Social Care Adult Protection Policy & Procedures"* ("the 2010 Adult Protection Policy") was in effect across the Belfast Trust. Under that policy there were seven stages to a vulnerable adult or adult protection referral: alert, referral, screening, planning the investigation, investigation, decision making and monitoring and review. These seven stages aligned with the then regional *"Adult Protection Policy & Procedural Guidance"* dated September 2006 which was also in effect at the time. From April 2013, the *"Belfast Health and Social Care Trust Adult Protection Policy and Procedures (2013)"* ("the 2013 Adult Protection Policy") was in effect. Under the 2013 Adult Protection Policy, the seven stages became alert, referral, screening, investigation and risk assessment, protection planning, decision making and transfer or closure.

58. The July 2009 *"Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (July 2009)"* ("the 2009 Joint Protocol") also applied to the adult protection investigation throughout the period of the investigation.

59. Under the then regional and Belfast Trust policies, and the joint protocol, all stages of the vulnerable adult/adult safeguarding process was envisaged as being

recorded on the forms appended to the relevant policy/protocol. Under the 2010 Adult Protection Policy these were the Vulnerable Adult ("VA") Forms. Under the 2013 Adult Protection Policy these were the "ASP" forms. Under the joint protocol, these were the "AJP" forms.

60. A consideration of the regional and trust policies in this area indicates that there was no requirement in the Belfast Trust Adult Protection policies, the 2009 Joint protocol, nor the 2006 regional guidance for a report to be created on foot of an adult safeguarding process. The fact there was what the Belfast Trust hopes will be regarded as a comprehensive vulnerable adult/adult safeguarding report into the Ennis allegations, and which involved the input of three Designated Officers, along with all the other measures that were taken, indicates the seriousness with which the matter was regarded in the Belfast Trust.

61. A consideration of the policies and guidance referred to above also indicates that there was no guidance about with whom a vulnerable adult/adult safeguarding report (if created) should be shared. Similarly, this was the position for the forms that the policies and guidance did require to be completed during the course of an adult protection process. Both of the Belfast Trust policies, the protocol and the regional guidance envisaged the conclusion of an adult protection investigation being agreed upon by way of the strategy meeting/case conference or equivalent. This strategy meeting/case conference approach was the oversight method envisaged for adult protection processes. In respect of the adult safeguarding investigation into Ennis ward, this is reflected in the April 2014 Adult Safeguarding Case Conference minutes available to the MAHI Inquiry, as to how an adult protection investigation reached its end (*MAHI-Ennis-I-81*). It is also consistent with paragraph 2.10 of the 2013 Adult Protection policy, dealing with stage 7 "Transfer/Closure" of a case investigated under the Adult Protection procedures (internal page 29).

62. That being said, I understand from social work colleagues that staff within the Belfast Trust, and specifically members of the adult safeguarding teams, were always encouraged to escalate matters upwards if they considered it necessary or appropriate. Staff members conducting vulnerable adult/adult safeguarding investigations were given some degree of autonomy as to how and when they considered it necessary or appropriate to do so.
63. It is understood, from the then Co-Director of Social Work, John Growcott, that Ms Morrison (who was the Designated Officer for the Ennis Ward Adult Safeguarding investigation) did seek the advice and support of her Co-Director Mr Growcott when Ms Morrison was preparing the plan for how the investigation would be conducted, and that the two, for example, specifically discussed the independence of the investigation. Ms Morrison is likely to be best placed to provide further information about discussions that she had, but it does appear, as may have been expected, that Ms Morrison did discuss the progress of the investigation with various colleagues, including those more senior than herself, informally at various points.
64. Although there were no policies requiring the formal escalation of a vulnerable adult/adult safeguarding report, it would always have been possible to formally escalate a report if that was considered necessary. Within social work (which is the discipline that conducted adult safeguarding investigations in the Belfast Trust) there is a direct line of accountability to the Director of Social Work. A vulnerable adult/adult safeguarding report could be formally forwarded to the Director of Social Work if a Designated Officer considered that necessary or appropriate. It could also be something discussed in 1:1 meetings that the Co-Director of Social Work had with members of his team who were performing the roles of Designated Officers. It could also be discussed at Social Work Leads meetings. To date the Belfast Trust cannot find material indicating any of this did happen in respect of the Ennis investigation, and it probably would be inconsistent

with the conclusions of the report itself, and the content of the 8 April 2014 minutes of the final Adult Safeguarding Case Conference meeting.

65. The report was shared with other members of the Adult Safeguarding Case Conference/strategy group members. In terms of personnel within the Belfast Trust, this included a Co-Director for Learning Disability and a Co-Director of Nursing. If either of those individuals had considered it necessary to formally escalate the report to the Executive Team or the Trust Board, then, whilst I would first have expected them to have discussed doing so with the relevant Designated Officer, and have potentially allowed the relevant Designated Officer to take that course if it was considered appropriate, they could have formally escalated the report through their direct reports (the Director of Adult Social and Primary Care or the Executive Director of Nursing) if they considered that appropriate or necessary. As receiving an adult safeguarding report would be out of the ordinary, I think if the report had been escalated to me in that way, then it is something I am likely to remember.
66. It is anticipated Ms Morrison may be able to assist the MAH Inquiry with any further steps she may have taken with respect to the actual Ennis Adult Safeguarding report itself. It may be that Miss Morrison considered that the vulnerable adult/adult safeguarding investigation, which resulted in the production of the report (alongside the other measures taken outwith the adult safeguarding investigation, such as the engagement with RQIA and the development and implementation of the Action Plan) had been conducted in line with the relevant policy and protocol, and that it had concluded to the satisfaction of all attendees of the joint strategy meeting, which included the then Belfast Trust Co-Director of Learning Disability, the then Service Manager of MAH, the PSNI and RQIA. Consequently, there was no need for the strategy group or the Designated Officer to take what would have been, at the time (and still would be),

the unusual step of escalating an adult safeguarding report to the Executive Team or Trust Board.

67. It is also the case that within the applicable Belfast Trust Assurance Framework structure that operated at the time, there was a Vulnerable Adults Protection Panel, that reported to the Assurance Group through the Social Care Steering Group. The Social Care Steering Group was a formal sub-committee of the Assurance Committee. In turn, the Assurance Group reported through the Executive to the Assurance Committee of Trust Board. The Belfast Trust has not, as yet, found evidence that the report was escalated through this means.

68. Had the matter been brought to the VA Panel, it could have been escalated upwards to the Social Care Steering Group, if it was considered appropriate to do so. The purpose of the Social Care Steering Group was to provide assurance with regard to the arrangements for the Belfast Trust's discharge of its statutory functions pertaining to the delivery of services by the social care workforce, including its safeguarding responsibilities in respect of vulnerable adults and children. Its duties included responsibility for the assurance of arrangements and the provision of advice to the Assurance Committee on all matters pertaining to the discharge of statutory functions by the Belfast Trust's social care workforce and arrangements for the overseeing of the Belfast Trust's engagement with the Belfast Local Adults Safeguarding Panel.

69. The VA Panel, which was also referred to as the Local Adult Safeguarding Partnership ("LASP"), was both a sub-committee to the Social Care Steering Committee, as reflected on the diagram which can be found at page 18 of the 2011/2012 Board Assurance Framework (*BHSCT-D-00004-2011-2012 Board Assurance Framework Revised Nov 2011 (18 pages)(00032)*) and a sub-committee of the Northern Ireland Adult Safeguarding Partnership ("NIASP"). The Belfast Trust LASP was established in 2010 in line with the requirements detailed in the

Trust LASP was established in 2010 in line with the requirements detailed in the March 2010 Department for Health and Social Services and PSNI Adult Safeguarding Partnership Arrangements. The Terms of Reference of the VA Panel were endorsed by the Northern Ireland Safeguarding Panel.

70. Beyond the Belfast Trust itself, the PSNI was one of the external members of the VA Panel. It was itself a recipient of the report, through its participation in the strategy group/adult safeguarding case conference. In theory, if the PSNI had any concern about the investigation or the report, then it could have formally raised that at the VA Panel, and this would have potentially made its way to Trust Board through the above governance mechanism.
71. Equally, if HSCB had considered that it should have been raised at LASP meetings or in the LASP Annual Report, HSCB could have raised this at NIASP, to which LASP was jointly accountable.
72. Whilst it may seem inadequate in the context of a public inquiry, the reality is that for an organisation such as the Belfast Trust to operate effectively, it would just not be possible for the Trust Board to see and review the likes of adult safeguarding investigation reports or disciplinary investigation reports. Rather, the Trust Board tries to ensure that its responsibilities are fulfilled through its organisational structure and accountability arrangements.
73. Equally, the Assurance Committee steering groups and sub-committees do not consider each report, complaint or incident afresh. Rather, they monitor, evaluate and ensure that the processes that they are charged with overseeing are operating effectively. Thus, the purpose of the VA Panel was not to consider every single adult safeguarding referral that was made. Similarly, the purpose of the SAI Group or Complaints Sub-Committee was not to examine the adequacy of the response to every SAI or Complaint.

74. This means that unless there was a particular reason that meant that the report should itself be escalated, I would not expect to see the matter make its way through the various layers of the assurance framework to a formal Trust Board meeting. As I have stated above, I cannot speak for Ms Morrison (or indeed Mr Veitch or Ms Mannion) but having read the minutes of the last adult safeguarding case conference/strategy meeting I am not surprised that the matter was not escalated. Those who attended that meeting, which included the PSNI and RQIA, all seem to have agreed that the safeguarding investigation had concluded, and all in attendance appeared to be satisfied that the substantial work that had been undertaken since the investigation began, and the protection plans which were then in place, dealt with all concerns satisfactorily.
75. In fairness to Ms Morrison, in considering material in order to provide this witness statement, I did come across the example (referred to above) of Ms Morrison escalating a matter from the Belfast Trust Learning Disability Governance Meeting on 1 March 2012 to the LASP meeting. This may indicate that the Ennis Ward Adult Safeguarding Investigation report was not itself seen as something to be escalated upwards. This would also have been consistent with the policies in place at the time.
76. Given what is known to have occurred at Muckamore Abbey Hospital from 2017 on, it is obviously difficult to make the following point. However, in view of all the steps that were taken in response to what was said to have occurred on Ennis ward (of which the Ennis Adult Safeguarding Investigation was part), it is difficult to see, at least from my own lengthy experience as an Executive Director and member of Trust Board, what further steps may have realistically been taken even if the report itself had been tabled to the Executive Team or the Trust Board.

77. As I indicated at the outset, the Belfast Trust, through the present Director of Social Work, is undertaking work to bring greater information about adult safeguarding to the attention of Trust Board. If it is of assistance to the work of the MAH Inquiry then further detail on this can be provided.

Question 3

Was the report provided to the Chief Executive, Medical or Nursing Director?

Was the report provided to the Audit Committee (including any sub-committee of the audit committee), or any other Committees?

It is expected that the answer to this question will also explain when and in what circumstances the report was provided to such persons/entities.

78. The Belfast Trust refers to what it has been possible to say in answer to questions 1 and 2. The Belfast Trust cannot confirm that the adult safeguarding report itself was provided to the then Chief Executive, the then Medical Director or the then Director of Nursing at the time that the adult safeguarding investigation concluded. The Belfast Trust considers that it is unlikely that it was, as this would not be something that would normally occur for adult safeguarding reports.

79. However, the Ennis Ward Adult Safeguarding report was discussed at the Muckamore Departmental Assurance Group (MDAG) meetings which took place on 1 October 2019, 30 October 2019, 27 November 2019, 18 December 2019 and 19 February 2020. I recall that at some point during this period, because it was being referred to at MDAG, the then Director of Adult Social and Primary Care, Marie Heaney, providing me with a copy of the report.

80. I understand that Ms Heaney also provided a copy of the report to the Department. However, the report was not provided to all of those individuals who attended MDAG meetings because it was a confidential report that contained the names of individuals. Sean Holland, then the Department's Chief Social Worker Officer,

instead asked that a synopsis of the report be produced and circulated to MDAG. The Belfast Trust's Rhoda McBride drafted the synopsis. The synopsis was circulated to members of MDAG in advance of the following meeting on 27 November 2019.

81. The Ennis ward Adult Safeguarding report was not, to my knowledge, provided to the Belfast Trust Audit Committee, or any sub-committee thereof. The Audit Committee was concerned with establishing and maintaining effective systems of internal control, reviewing the adequacy of all control related disclosure statements and reviewing the adequacy of all policies and procedures including considering their compliance with relevant guidance and requirements. By contrast, the Assurance Committee was responsible for ensuring that effective, and regularly reviewed, structures are in place to support the implementation and development of governance, including (in summary) that processes were being properly implemented and were effective in practice.
82. The Audit Committee (and its sub-committees) does not therefore typically receive reports, however, the Assurance Committee (and its sub-committees) would receive reports where appropriate. The Belfast Trust has not found any material which would suggest that the Ennis Ward Adult Safeguarding Investigation report was provided to the Assurance Committee or any sub-committee.

Question 4

Why was the report not addressed in the Discharge of Statutory Functions (DSF) Reports (see paragraph 6 of the Leadership and Governance Report)?

Which body, or person, within the Trust has responsibility for discussing and signing off on the DSF Report?

83. The preparation of Discharge of Statutory Function reports is ultimately overseen by the Director of Social Work. In practice, service areas provided the information relating to their individual service area, and the report was then compiled by John

Growcott, Co-Director of Social Work. Once compiled, the Director of Social Work would approve the report as being ready to be provided to the Trust Board. The Trust Board would then consider the report at a meeting and approve it to be sent to HSCB.

84. The Delegated Statutory Functions Report was, in 2010, the process by which the Trust could:

- a. Assure both the commissioner and the Department as to the Trust's compliance with its statutory duties;
- b. Ensure that the Trust Board is fully briefed on its corporate roles and responsibilities;
- c. Highlight the required remedial action necessary to improve performance;
- d. Identify new trends, gaps or issues;
- e. Facilitate learning within and between Trusts through the further development of performance management and benchmarking techniques.

85. The Scheme of DSF in 2010 sought to achieve greater consistency within the delegated statutory functions reports submitted by Health and Social Care Trusts. To that end, Appendix 2 of the Scheme of DSF outlined the recommended structure and content of DSF Reports. Each report was recommended to contain 3 sections: narrative, quantitative data and performance management. The quantitative data and performance management section were to include standardised data sets and key performance indicators to measure compliance. Within the narrative, the Scheme of DSF stated that the written report should:

- a. Contain a general statement of Controls Assurance from the Director setting out the Trust's performance in-year against the Discharge of

Statutory Functions and confirming that this information has been shared with the Trust Board;

- b. Report by exception highlighting those areas where the Trust has not met standards and where remedial action is now required to improve performance;
- c. Provide a progress report in relation to remedial action highlighted in the previous year's report;
- d. Set out the systems, processes, audits and evaluations undertaken internally or externally during the year which shape the Director's conclusion about Trust performance;
- e. Highlight which, if any of the areas requiring further improvement have been included in the Trust corporate register;
- f. Report on the Trust's compliance in relation to other statutory agencies such as ISCC, RQIA;
- g. Provide an analysis of any financial issues which mean that the Trust believes they cannot adequately discharge statutory functions;
- h. Identify emerging trends and issues.

86. It may be that Ms Morrison can provide further assistance on this, but I would not understand a DSF report to be the vehicle for discussion of a specific adult safeguarding investigation or report. The available DSF reports do not indicate that individual adult safeguarding reports were ever discussed in the DSF reports. The Belfast Trust DSF report is ultimately provided to the Department. The Department was already on notice, through the Early Alert mechanism, of the

allegations about Ennis Ward. Further, the Department's Chief Medical Officer was engaged, through the RQIA process (including the 1 February 2013 letter (MAHI-Ennis-1-120)) in respect of the issues that RQIA considered needed to be addressed arising from its inspections of Ennis ward following the allegations.

Question 5 When did the Trust Board first become aware of the Ennis Report and its action plans?

Please note that the reference to the Board includes reference to Non-Executive Directors.

87. It is unfortunate that I have to say this is a difficult question for the Belfast Trust to now answer with assurance.

88. For the reasons set out in answer to questions 1 and 2, the Belfast Trust does not believe that the Trust Board would have been made aware of the report at the time it was completed in 2014. This would have been consistent with all adult safeguarding reports produced in the Belfast Trust, and their associated action plans.

89. It may be this is not what is meant by the question, but the Trust Board would certainly have become aware of the Ennis Adult Safeguarding Investigation report at a later stage, on consideration of the report of the 2020 Leadership and Governance Review.

Question 6

When the Trust Board did become aware of the report, what steps did it take?

90. On the basis that the Trust Board, as a board, first became aware of the Ennis Ward Adult Safeguarding Investigation report through the report of the 2020 Leadership and Governance Review, there would not have been steps to take in respect of

matters specifically connected to Ennis ward. By this point the Trust Board was already involved in the Belfast Trust response to what came to light in Muckamore Abbey Hospital from 2017 onwards. The 2020 Leadership and Governance Review was itself part of that response.

Question 7

Which other agencies was the report provided to and when?

91. The MAH Inquiry has, within the Ennis Module 6b bundle, provided the minutes of the various vulnerable adult/adult safeguarding strategy meetings that took place during the vulnerable adult/adult safeguarding investigation.
92. From the minutes of the 5 July 2013 strategy meeting, it can be seen that the draft report was provided to:
- a. PSNI (*MAHI-Ennis-1-67*).
 - b. RQIA (*MAHI-Ennis-1-67*).
 - c. Northern Health and Social Care Trust (*MAHI-Ennis-1-67*).
 - d. South Eastern Health and Social Care Trust (*MAHI-Ennis-1-67*).
93. From the minutes of the 28 October 2013 Adult Safeguarding Case Conference, it appears that the same recipients received an amended draft report, about which no participants were said to have raised any issues (*MAHI-Ennis-1-71*). This would suggest that the same external organisations also received the second draft of the report.

94. To date the Belfast Trust has not found any evidence that the report went to any other external agencies, though I cannot rule out the possibility that it did. It may be Ms Morrison will be able to assist with whether the report was provided to any other agencies.

Question 8

What action did BHSCT take to implement the recommendations contained in the Ennis report and to monitor their effectiveness?

It is envisaged that the response to this question will include, but need not be limited to, an explanation of:

- **Who, or what entity, created the action plans relating to Ennis?**
- **Who, or what entity, was responsible for the implementation of the action plans?**
- **How were the action plans implemented?**
- **How was the implementation of the action plans monitored by the Trust?**

The answer to this question should include an explanation of both named individuals and committees who were responsible for monitoring, and an explanation of the various levels at which monitoring took place.

- **Did the Trust work with any other agencies in the implementation and monitoring of the action plans? If so, how?**
- **What support was offered to ward staff to implement changes brought about by recommendations (for example, education/training/supervision/HR support)?**

95. As set out above, it is important, to a fair assessment of what occurred in respect of the response to the allegations about care on Ennis Ward, to consider steps taken by the Belfast Trust outside of the specific response to the Ennis Ward Adult Safeguarding Report, as well as the responses directly to it.

96. By the time the Ennis Ward Adult Safeguarding Report was completed the Belfast Trust had already undertaken a series of actions as part of its overall response to what occurred. These included, amongst others, environmental changes to the ward, changes to the staffing arrangements on the ward, and substantial and prolonged monitoring of the care provided on the ward. I refer to the detail set out in paragraphs 23 to 143 of the Module 6 witness statement dated 26 April 2023.

97. In the Module 6 witness statement dated 26 April 2023, between paragraphs 82 to 127 the Belfast Trust also set out the 9 recommendations made by the Ennis Adult Safeguarding Investigation report itself, and what Belfast Trust had either already done by the time of the finalisation of the report, or did in the aftermath of the report.

Question 9

What steps were taken by the Trust to investigate whether the culture that was found to exist on Ennis ward existed in other wards at MAH?

98. The question of the culture on the Ennis ward, whatever that was found to be, and, whether it was also found on other wards, was something under consideration from the outset of the Vulnerable Adult/Adult Safeguarding investigation (see *MAHI-Ennis-1-6* bottom of page and *MAHI-Ennis-1-36* bottom of page). This was a joint protocol approach that involved individuals from the Belfast Trust, the Northern Trust, the South Eastern Trust, the RQIA and the PSNI.

99. The Inquiry's question 9 appears to infer that there was a culture on the Ennis Ward that was to be avoided. It is important to look closely at what was found in respect of Ennis ward, and why that may not be accurately described as a culture that was to be avoided. It is also important to consider the available contemporaneous evidence which suggests that however the problems on Ennis

ward are described, they were not found to be occurring on other wards. I note that the subsequent disciplinary investigation team of Ms Scott and Ms Hamilton (who were given wide terms of reference that included looking at the whole system i.e. the context of Ennis Ward within the hospital, the managerial processes on the ward, staffing practices and individual patient needs (*MAHI-Ennis-1-299*)), whilst making other adverse findings, did not consider there was a culture of poor attitude of staff within the ward environment (*MAHI-Ennis-1-312*).

100. On 20 December 2012 the police explained to those involved with the joint protocol process that a member of staff from Bohill, who had made allegations about two members of staff on Ennis Ward, also explained that they had worked on Rathmullan and Erne wards. The member of Bohill staff contrasted her experience of, and spoke highly of staff on, the other wards (*MAHI-Ennis-1-45*). The Police Sergeant is said to have indicated this was a significant point; that allegations were not about care throughout the hospital.
101. Also on 20 December 2012, the police summarised the account of another member of staff from Bohill who was said to have had experience of learning disability care. This individual had worked on Erne ward where there was said to have been no issues (*MAHI-Ennis-1-47*).
102. It appears that no member of Bohill staff, including those who did not themselves volunteer concerns (but who were nonetheless spoken to as part of the investigation process), did not have any concerns about any other ward at MAH beyond Ennis.
103. Part of the purpose of the 24-hour monitoring on Ennis itself was to establish if there was a culture of abuse on the ward. By 20 December 2012 the 24-hour monitoring had been taking place for some 6 weeks and Ms Mannion confirmed

that the monitoring process had shown no signs of a culture of abuse on Ennis Ward (MAH-Ennis-1-48).

104. This is a reflection of the content of Ms Mannion's briefing report of 19 December 2012 relating to the ongoing monitoring exercise (MAHI-Ennis-1-86). Ms Mannion stated, arising from the monitoring, and her own oversight work, "*there was no indication of any possibility of a culture that may be accepting of behaviours of communications that could be referred to as abusive*" (MAHI-Ennis-1-87).
105. Ms Mannion's second report, dated 9 January 2013 (MAHI-Ennis-1-88 to MAHI-Ennis-1-96), was a detailed report of the work undertaken by Ms Mannion and those conducting the 24-hour monitoring to that point. Ms Mannion concluded (MAHI-Ennis-1-96) that "*there is no evidence that there is a culture tolerant of behaviours that could be defined as abusive or support systemic abuse.*" This was not to say that Ms Mannion was satisfied that Ennis ward was operating as well as it could be; this is evidenced by the Service Improvement Action Plan that was developed and actioned (MAHI-Ennis-1-97 to MAHI-Ennis-1-113).
106. Further, when Ms Morrison raised matters with staff in the Belfast Trust in 2019, Ms Morrison made it clear that Bohill staff were themselves "*very clear that concerns were confined to Ennis*". This was reflected in more detail in Ms Morrison's written account provided to the Belfast Trust in January 2020. The account included the following: "*The Bohill staff who had made the allegations were very clear that they had had no concerns about staff conduct on other wards that they had also spent time in and indeed had observed very compassionate care on the other wards so we had no reason to suspect at that stage practice in other wards.*"
107. This is consistent with the discussion, summarised above, which took place at the strategy meeting on 20 December 2012:

“DMcB (Bohill staff) gave an account of possibly criminal acts by Staff 3 and Staff 1. She also noted a very different experience working on Ennis ward as opposed to Rathmullan and Erne wards where she spoke very high of staff. Elaine McCormill noted this as a significant point that the allegations were not about care throughout the hospital but only on Ennis Ward. Aine noted that this was positive. However, it also potentially further heightened the concern about Ennis as there were clear differences being reported between it and other wards”. (MAHI-ENNIS- 1 - 45)

108. In fairness to Ms Morrison, the available material would tend to suggest that if Ms Morrison, as Designated Officer, had considered there was any basis to suspect there was a problem on any other ward then she would not have hesitated to raise it.

109. In addition, there were still all the standard mechanisms for concerns to be raised in respect of something inappropriate occurring on any ward in MAH, as with any other Belfast Trust facility. As indicated below, those mechanisms were utilised on a number of different occasions. It is a sad fact that there has always been, and probably will always be, occasions when some health and social care staff behave in a way that is not appropriate. It is important that, when such incidents occur, they are dealt with properly. Some examples of action being taken in respect of staff at Muckamore Abbey Hospital, about whom concerns were raised, is discussed below.

Question 10

Why did the Belfast Trust not submit an SAI in respect of Ennis?

Who was responsible for this decision and when was it made?

110. I was not personally involved in the decision as to how the allegations that were made relating to Ennis ward were to be addressed. However, the answer to the

question as to why Belfast Trust did not notify and conduct an SAI appears to be because the Belfast Trust decided that the other available processes were the more appropriate processes for what needed to be addressed arising from what occurred on Ennis ward.

111. A Serious Adverse Incident process is certainly one process that was available to the Belfast Trust in 2012, and those who were involved in the decision making when the allegations were made. However, there were also other similar processes open to the Belfast Trust. These included the Vulnerable Adult/ Adult Protection process, the RQIA inspection process and consequent Action Plan, and the disciplinary process following any police action.

112. I understand that it is likely that there were discussions in the immediate aftermath of the initial allegations, probably between Ms Mairead Mitchell (then the Learning Disability Governance Lead), Ms Catherine McNicholl (then the Director of Adult Social and Primary Care) and possibly Ms Aine Morrison (Community Learning Disability Operations Officer, and who became the Designated Officer for the Vulnerable Adult/Adult Protection investigation) as to how the allegations were best dealt with. It is understood that, at that time, it was considered that the allegations were best dealt with through the vulnerable adult/adult protection process, rather than as an SAI. It will probably be most helpful to the MAH Inquiry to hear from the individuals involved in the decision as to what their considerations were and why they reached this decision. I anticipate that the rationale will have involved the fact that having parallel processes (vulnerable adult/adult protection and SAI) would not have been practical or realistic, and that the vulnerable adult/adult protection process, in conjunction with the work of the RQIA (and the consequent Action Plan process), would likely be more effective than having an SAI alongside the RQIA process.

113. From what I can establish from the available documentation, it seems that the suggestion that the Ennis ward allegations should have been dealt with by way of

an SAI process was not itself made by the HSCB until 6 March 2014. This does not absolve the Belfast Trust if it was under a duty to notify an SAI and undertake an SAI process, but there was a 2013 change in SAI definitions, which I discuss below. This change may account for how the question of an SAI developed.

114. It does appear to be the case that the HSCB was aware of the Ennis allegations from the outset, that the Belfast Trust was undertaking investigations, and that the Belfast Trust had suspended pending investigation. This occurred through the 9 November 2012 Early Alert. In addition, I am aware that Mr Aidan Murray from HSCB had asked Ms Aine Morrison for copies of the Adult Protection strategy meeting minutes, and that Ms Joyce McKee from HSCB had separately asked Ms Yvonne McKnight, via email *"what was going on in Muckamore"*, alluding to the Ennis Investigation (BHSCT - A - 00024 - Ennis Investigation - Aine Morrison File 1 (353 pages) - (02452).pdf page 220). Unfortunately, in the time available I have not yet been able to ascertain whether the strategy minutes were provided to Mr Murray or what response Yvonne McKnight provided to Ms McKee.

115. The original incident form, arising from the initial allegations received was completed on Datix by Sister [REDACTED] H491 and approved by Clinton Stewart. The severity of the incident was initially considered to be 'moderate' and the incident was given a risk grade of 'medium', as the likelihood of recurrence was considered to be 'rare' (BHSCT - A - 00018 - LD Governance Lead - Various Records (Folder 2 of 3) (322 pages) - (00960).pdf page 66-67). This severity grading and risk grading would not have met the threshold for an SAI within the Belfast Trust.

116. The SAI procedure in place in November 2012, which envisaged a completed process within 12 weeks, was the HSCB Regional SAI Procedure from April 2010. This 2010 procedure, in paragraph 3.1, defined an SAI as:

"An SAI is an adverse incident that must be reported to the Health & Social Care Board (HSCB) because it meets at least one of the following criteria:

- *serious injury to, or the unexpected/unexplained death (including suspected suicides and serious self harm) of:*
 - *a service user*
 - *a service user known to Mental Health Services (including Child and Adolescent Mental Health Services (CAMHS) or Learning Disability (LD) within the last two years)*
- ...
- *unexpected serious risk to a service user and/or staff members and/or member of the public*
- *unexpected or significant threat to provide service and/or maintain business continuity*
- *serious assault (including homicide and sexual assaults) by a service user*
 - *on other service users*
 - *on staff or*
 - *on members of the public*
- occurring within a healthcare facility or in the community (where the service user is known to mental health services including CAMHS or LD within the last two years)*
- *serious incidents of public interest or concern involving theft, fraud, information breaches or data losses. “*

117. The MAH Inquiry will note that this 2010 definition is slightly different to both the definition referenced in the 2020 Leadership and Governance Review, which utilised the definition from the 2016 policy 2016 (MAHI-Ennis-1-697) and the definition referred to by the HSCB DRO in the 2014 and 2015 communications over the issue.

118. The Early Alert was submitted to the Department and the HSCB on 9 November 2012. On 6 March 2014, which was subsequent to the introduction of the 2013 HSCB SAI policy (with the revised definition discussed below) Roisin

Hughes of HSCB sent an email stating that the Early Alert remained open and *“given the serious nature of this incident and its public interest”* that the DRO was of the opinion that it should be an SAI. A further email was sent by Ms Hughes on 16 January 2015 repeating that the DRO felt that it should be an SAI. On 3 February 2015, a further email from Ms Hughes identified that the DRO considered that the incident would meet the criteria set out in 4.2.5 and 4.2.8 of the “Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013)” (“the 2013 SAI Procedure”).

119. The 2013 SAI Procedure had an expanded definition of what constituted an SAI. It was the expanded definitions, contained in paragraph 4.2.5 and 4.2.8, to which Ms Hughes referred in 2014. They defined SAI as:

“4.2.5 serious self-harm or serious assault (including attempted suicide, homicide and sexual assaults) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioner service;

...

4.2.8 serious incidents of public interest or concern relating to:

- any of the criteria above*
- theft, fraud, information breach or data losses*
- a member of HSC staff or independent practitioner.”*

120. While it does not answer whether or not the Belfast Trust should have subsequently filed an SAI upon the request of HSCB in March 2014, it appears to be the case that the two elements of the definition of an SAI which HSCB considered this incident met did not exist under the 2010 Protocol. It may therefore be the case that, between November 2012 and March 2014, the reason that HSCB, Belfast Trust nor RQIA regarded the incident as requiring an SAI was because it did not fit as easily within the definition that applied in 2012 when the allegations were made. I entirely accept it was an issue that could be kept under review, and,

if a point was reached when an SAI was considered beneficial, then that could have been undertaken.

121. In addition, and as was explained to HSCB's Roisin Hughes on 12 May 2015 (*BHSCT-A-00019-LD Governance Lead -Various Records (Folder 3 of 3) (16 pages) – (00961) page 91*), having an SAI procedure as a parallel process that should operate alongside vulnerable adult procedures or complaints was first introduced in the 2013 SAI Protocol.

122. In 2015, the Belfast Trust considered that the extensive investigations already undertaken did not justify the activation of a further SAI process. The safeguarding investigation and the disciplinary investigation were broad in nature, alongside the RQIA inspection and Action Plan process. Ms Morrison considered her safeguarding investigation to be very fulsome. When, in September 2013, she was informed by Rhonda Scott that Ms Scott had been requested to carry out an internal investigation in Ennis she replied *"I wasn't aware that there was to be an internal investigation. Are there issues that haven't been dealt with by the safeguarding investigation?"* (*BHSCT – A – 00017 – LD Governance Lead- Various Records (Folder 1 of 3) (816 pages) Redacted Copy- (00959) page 2*). Esther Rafferty's response was that *"A full internal investigation will now take place to look at what action and learning the Trust needs to undertake in relation to any staffing concerns raised from the original complaint on 8th November"*. (*BHSCT – A – 00017 – LD Governance Lead- Various Records (Folder 1 of 3) (816 pages) Redacted Copy- (00959) page 1*).

123. The safeguarding investigation had been conducted with the direct engagement of RQIA, PSNI, the Northern Trust and the South Eastern Trust. HSCB and the Department had also been kept abreast of the situation and included in correspondence such as that passing between RQIA and the Belfast Trust concerning the progress of improvements on the ward.

Question 11

Who drafted the “Review of Ennis Investigation 2012” at BHSC-T-A-00019?

What was the intended purpose of the review?

Who was the report given to and when?

Specifically, was it provided to the Trust Board?

124. I understand that during Marie Heaney’s time as Director of Adult and Social Primary Care (Ms Heaney had taken up the post in September 2017), she became aware that there had been safeguarding concerns in the Ennis ward several years earlier. Ms Heaney considered that the corporate memory surrounding the allegations and subsequent investigation was insufficient and therefore set about trying to learn about it. The need for this learning was accelerated when the issue of the Ennis investigation arose at MDAG meetings in the autumn of 2019.

125. Jolene Welsh became the Governance Lead for Learning Disability on 18 November 2019. Ms Heaney asked to meet with Ms Welsh as part of her induction. During that meeting, Ms Heaney asked if, as a matter of priority, Ms Welsh would review the Ennis Investigation and build a timeline of the investigation. One of the reasons that Ms Heaney had sought a ‘review’ of the investigation was in preparation for a briefing with families that was discussed at MDAG.

126. The first draft of the review was provided to Ms Heaney on 13 January 2020. I understand that there were a series of meetings between Aine Morrison, Carol Diffin, Rhoda McBride, Jolene Welsh and Marie Heaney which included developing media statements, planning family engagement and proposed letters to families.

127. Unfortunately, it would appear that the intended family engagement never occurred. This may have been in part due to the intervention of Covid-19. I understand that Jolene Welsh continued to work on her understanding of the Ennis Investigation and updating the timeline until May 2020, when the Department of Health requested all files for the leadership and Governance review.

128. Ms Heaney may be able to further assist, but I have not found material to suggest that the piece of work undertaken by Ms Welsh, in order to assist Ms Heaney, was itself provided to Trust Board.

Question 12

Were families of patients informed that an investigation was being carried out into allegations arising at Ennis ward?

If so, when and how? If not, why not?

129. The provision of information about an ongoing investigation, particularly an ongoing police investigation, was always, and continues to be, a difficult issue to manage. That is so whether it be in respect of the provision of information to families or staff. As far as the Belfast Trust is concerned it has continued to be a difficult issue throughout the police investigation arising from the viewing of CCTV from 2017. It is an issue that the Belfast Trust takes seriously. The Belfast Trust wants to be open and transparent with families and staff. However, there are other factors that militate against that approach. Whether the present systems/mechanisms, and how they interact with each other, provides the right balance in these areas may be a matter of interest to the MAH Inquiry.

130. The MAH Inquiry has provided within the Ennis Module 6b bundle the minutes of the various vulnerable adult/adult safeguarding strategy meetings that took place during the vulnerable adult/adult safeguarding investigation.
131. Those minutes and other available documents demonstrate that the answer to the question posed (were families informed that an investigation as being carried out in respect of allegations arising from Ennis ward?), is yes:
- a. The initial allegations from a Bohill care assistant, relating to four patients who were identified, were brought to the attention of the MAH Service Manager on 8 November 2012. The relatives of those patients were informed that allegations had been made and were being investigated (*MAHI-Ennis-1-6*). Relatives were also given contact details for both inside and outside MAH (*MAHI-Ennis-1-28*).
 - b. By Friday 9 November 2012, Barry Mills, the Clinical and Therapeutic Service Manager confirmed in a note that all relatives of patients not directly connected to recent allegations had been contacted and advised of allegations, staff suspension and ongoing investigation. The relatives were also advised as to how to raise any concerns they may have had, or currently had (*BHSCT - A - 00018 - LD Governance Lead - Various Records (Folder 2 of 3) (322 pages) - (00960).pdf page 284*).
 - c. On 12 December 2012 there was an intention to update relatives on what was a joint protocol investigation. This was not confined to the four individuals who were said to have been verbally or physically abused, but the relatives of all patients on the ward. Telephone contact was to be made, followed up by letter (*MAHI-Ennis-1-35*). By 20 December 2012 telephone contact had been made with relatives of 9 of the 17 patients from the relevant part of Ennis Ward (*MAHI-Ennis-1-35*). Details of the

conversations with each relative is recorded in an email from Colette Ireland to Aine Morrison of 17 December 2012 (*BHSCT - A - 00024 - Ennis Investigation - Aine Morrison File 1 (353 pages) - (02452).pdf at page 280*). In respect of the patients where there had been allegations considered to disclose criminality, the contact was to include seeking permission to provide their contact details to PSNI so that police could update them on the criminal investigation (*MAHI-Ennis-1-43*).

- d. By 9 January 2013 Ms Morrison was still completing telephone contact with relatives, but the content of the follow up letter to families had been agreed for issue once the phone contact was complete (*MAHI-Ennis-1-54*). There are documented records of the telephone calls made by Ms Aine Morrison to relatives that can be made available to the MAH Inquiry.
- e. On 18 January 2013, a letter was sent to at least 14 of the patients' family members by Ms. Morrison. The letter referred the family member to the recent telephone contact between them and the fact that a number of relatives had requested that Ms. Morrison write to them to provide a point of contact should they have any further queries concerning the investigation.
- f. On 19 February 2013, Ms. Morrison sent a letter to the relatives of two patients to inform them that she had been trying to contact them by telephone to update them on the current vulnerable adult investigation in Ennis Ward and providing her contact details.
- g. On 29 March 2013 a fresh round of telephone updates, with content directed by PSNI, was agreed. It was again to be undertaken by Ms Morrison for the Belfast Trust, with the content of the update dictated

by whether the allegations relating to the patient were the subject of criminal consideration (*MAHI-Ennis-1-64*).

- h. Handwritten notes of 'April/May Contact' indicate that 13 patients' relatives were contacted as agreed on 29 March 2013. The phone calls took place between 8 April 2013 and 17 April 2013. During the phone call, relatives were provided with an update in relation to the outcome of the police investigation and were provided with the contact details for DC Hawthorne, PSNI.
- i. On 5 July 2013, when discussions took place in respect of the draft final report, there was an agreed intention to provide further feedback to families when the content of the final report was finalised (*MAHI-Ennis-1-64*). Ms Morrison, who was conducting the engagement with families about the vulnerable adult/adult safeguarding investigation, may be able to further assist with the detail around this.
- j. At the final strategy meeting on 8 April 2014, when it was agreed that the adult safeguarding investigation had concluded (*MAHI-Ennis-1-81*), Ms Morrison was to prepare a general update for families. Constable Hawthorne advised that she had spoken to the relatives of patients and provided full details of the allegations made against the staff members (*MAHI-Ennis-1-78*) and the police would also be keeping the families of the 4 patients (who were the subject of specific allegations) informed of court progress.
- k. The documents in the Ennis Bundle suggest that PSNI also engaged with families about the investigation (*MAHI-Ennis-1-70*). The MAH Inquiry may wish to ask PSNI about the extent and nature of this engagement with relatives, as the Belfast Trust does not have access to any PSNI

material relating to the Ennis investigation. It appears that by at least 8 April 2014, PSNI had engaged with those families of patients that were the subject of the criminal charges faced by two staff members (*MAHI-Ennis-1-78*), and there was an intention for this engagement to continue (*MAHI-Ennis-1-81*).

132. In fairness to those involved with the adult safeguarding process, there does appear to have been significant effort to keep families of Ennis patients informed.

Question 13

Were the findings of the Ennis investigation shared with families of patients?

If so, when and how? If not, why not?

133. As set out above, on 5 July 2013, when discussions took place in respect of the draft final report, there was an agreed intention to provide further feedback to families when the content of the final report was finalised (*MAHI-Ennis-1-64*).

134. At the conclusion of the adult safeguarding investigation, on 8 April 2014, Ms Morrison was preparing a further update for families (*MAHI-Ennis-1-81*).

135. Ms Morrison, who was conducting the engagement with families about the vulnerable adult/adult safeguarding investigation, may be able to further assist with the detail around this.

Question 14

Were staff informed that an investigation was being carried out into allegations arising at Ennis ward?

If so, when and how? If not, why not?

136. The provision of information to staff about ongoing investigations has always been a difficult issue to manage, particularly where there is police involvement.

137. An example of the issue is contained in the 14 November 2012 email PSNI Detective Constable Tracy Hawthorne sent the then Belfast Trust Co-Director for Learning Disability John Veitch as follows:

"John,

Further to our conversation regards suspended staff being made aware of the allegations, I have confirmed with my Inspector that staff can be advised that police are currently investigating allegations of Common Assault and Ill Treatment of a Patient with a Mental Disorder where all 3 staff that have been suspended have been named as being present.

At present we are gathering further evidence and there will be appropriate disclosure to any suspects immediately prior to police interview.

Giving full details of the allegations at this time may be detrimental to a police investigation.

I am not familiar with the requirements to notify staff under employment legislation and the employment status of staff members does not fall into our remit."

138. In the case of the allegations on Ennis Ward it does appear that there were concerted efforts to manage the provision of information to staff and provide information as and when it was considered possible to do so. The issue appears to have been carefully navigated between the investigators, HR and the PSNI from the outset of the investigation.

139. It appears to be the case that there were different types of communication with different groups. For instance, the staff who were initially suspended, and who were subject to police investigation, appear to have been originally given the type of information referred to in the above email. When they were interviewed by police it is likely more specific information about what was alleged will have been put to them. Subsequently, those two individuals were involved in a disciplinary process where they will have had a further opportunity to know the detail of what was alleged against them.
140. There were 2 or 3 other staff who were interviewed by the adult safeguarding investigation in the context of the allegations (*MAHI-Ennis-1-55*). It may be that Ms Morrison can provide some further information on the level of information given to them as part of the interview process.
141. Subsequently, all staff working on Ennis were to be interviewed, including domestic staff and medical staff (*MAHI-Ennis-1-63*). Again, Ms Morrison may be able to help with the detail of what was disclosed, but it is inevitable that as part of the interview process, through some of the questions likely to have been asked, staff will have gained some understanding of the issues involved.
142. Further, staff working on the ward will have witnessed the presence of the additional monitoring staff who were present on an ongoing basis over several weeks.
143. At the Strategy Meeting on 5 July 2013, it was agreed that advice would be taken from the PSNI and HR about what information arising from the adult safeguarding investigation could be shared with staff (*MAHI-Ennis-1-70*).

144. At the Strategy Meeting on 28 October 2013 the investigating team recognised the stress to staff caused by the investigation and recommended that further information could now be shared with staff, subject to police and HR approval. PSNI DC Hawthorne is recorded as having highlighted the difficulty in sharing any information in relation to matters that the police were following up on but agreed that a more generic response could be given to the staff team. DC Hawthorne had no objection to sharing any information that was not subject to police investigation (*MAHI-Ennis-1-84*).
145. By the time of the Strategy Meeting on 8 April 2014, Esther Rafferty and Aine Morrison had met with the staff group from Ennis. Information was shared, though not about particular staff members. The strategy minutes record that the staff group were angry and upset in the information meeting (*MAHI-Ennis-1-80*).
146. Ms Rafferty is understood to have conducted the majority of the engagement with staff. For instance, letters sent by Ms Morrison to staff members in May 2013, in relation to meeting details for the purposes of the Ennis investigation, refer to the fact that some staff members had had meetings with Ms Rafferty.
147. Both Ms Rafferty and Ms Morrison who were conducting the engagement with staff about these matters may be able to further assist with the detail around this.

Question 15

Were the findings of the Ennis investigation shared with staff? If so, when and how? If not, why not?

148. As I have set out above, I understand Ms Rafferty and Ms Morrison met with staff to discuss the findings of the Ennis investigation, though they did not necessarily discuss particular staff. The Belfast Trust has not, to date, found a written record of those discussions. It may be Ms Rafferty and Ms Morrison will be able to further assist with this issue.

Question 16

What weight was placed on the findings of the Ennis report during the disciplinary investigations subsequently conducted in respect of H159 and H197

149. This issue is addressed by the disciplinary investigators in the section of their reports dealing with identified limitations of the disciplinary investigation process (MAHI-Ennis-1-309, 331, 376). The disciplinary investigators therein explain that they *“used the Adult Safeguarding Report as a frame of reference and with the exception of the recommendations to discipline 2 named staff, the general outcomes, conclusions and recommendations where [sic] similar”*.

150. The two disciplinary investigators are best placed to confirm the position, but it appears that they took the findings of the Ennis Adult Safeguarding Investigation report into account, but conducted their own independent investigation, and reached their own independent conclusions on the available evidence.

Question 17

Why did the disciplinary investigation not recommend or support formal or disciplinary action against H197 or H159

151. In 2013 the policy of the Belfast Trust was that vulnerable adult/adult safeguarding investigations and disciplinary investigations were to be conducted separately, and by different personnel. They were two distinct processes with different purposes. Each process, while capable of being informed by the other, was not bound to reach the same conclusion as the other. Each process was ultimately independent of the other. Consequently, the outcome from one would not necessarily be the same for the other.

152. The vulnerable adult/adult safeguarding investigation was to be conducted in accordance with the applicable Belfast Trust Adult Protection Procedures. The disciplinary investigation was to be conducted in keeping with the Belfast Trust Disciplinary Procedures.
153. The available material indicates that the PSNI did not want the Belfast Trust disciplinary process to begin until such times as the PSNI could be sure that the criminal investigation was not compromised (*MAHI- Ennis- 1- 47,49,62 and 67*). Following PSNI approval, Esther Rafferty began the disciplinary process by setting the Terms of Reference for the Disciplinary Investigation. The terms of reference for the disciplinary investigation were agreed with Ms Mannion.
154. Two individuals were appointed to conduct the disciplinary investigations: Ms Geraldine Hamilton and Ms Rhonda Scott.
155. Rhonda Scott was an Assistant Service Manager in Muckamore Abbey Hospital with oversight of Cranfield 1 and Cranfield 2 and was a nurse by background. Geraldine Hamilton had no prior experience of MAH. Ms Hamilton was an occupational therapist with a background in mental health. In 2012, Ms Hamilton was working on the Knockbracken site, covering a maternity leave as Operational Manager. Ms Hamilton was chosen as an investigator so that one of the two investigators was entirely independent of MAH.
156. The answer to the question posed by the MAH Inquiry is to be found in the body of the disciplinary investigation reports. In the reports the investigators go through each of the allegations they investigated, set out their conclusions, and the basis for them; see, for example, MAHI-Ennis-299 to MAHI-Ennis-309 and MAHI-Ennis-324 to MAHI-Ennis-331.

157. The disciplinary investigators also directly addressed the limitations of the disciplinary investigative process (MAHI-Ennis-1-331), some of the differences between the disciplinary process and the adult safeguarding process, and the potential reasons for the different conclusions reached (albeit the adult safeguarding report recommendation (MAHI-Ennis-1-286) was for a disciplinary investigation to be undertaken, not for a particular outcome to be reached by that disciplinary investigation).

158. It is my understanding that Ms Scott and Ms Hamilton approached their investigation as an independent process, and that they were to come to their own conclusions based on the evidence that they gathered and independently considered. Ms Scott and Ms Hamilton recall receiving the documentation listed in the introduction to the disciplinary reports (*see MAHI-Ennis-1-296*) prior to beginning their investigation, with the exception of the Ennis Adult Safeguarding Investigation report, which they do not recall receiving until a later point in their investigation.

159. In conducting the disciplinary investigation, the investigators interviewed staff from the Belfast Trust and staff from Bohill Residential Home. The investigators travelled to Bohill on two occasions. Many of the staff from Bohill who had worked on Ennis Ward were unwilling to engage in the process. In fact, only 4 staff from Bohill who had worked on Ennis Ward were willing to engage with the investigators.

160. Of the staff who were unwilling to engage with the investigators, there were seven of particular note:

- a. B1, the Ward Manager of Bohill, failed to attend for interview and would not engage with the investigators, despite the fact that attempts were made to accommodate her.

- b. [B2], the named source of 15 of the allegations, had emigrated to Australia and was unwilling to engage in the process despite offers being made to conduct an interview by remote means or by telephone.
- c. [B8] was the named source of 5 of the allegations and was not contactable.
- d. [B9] was the named source of 2 of the allegations and was not contactable.
- e. [B10] was the named source of 9 of the allegations and was not contactable.
- f. [B3] and [B4] were named as alternative sources for 3 allegations and neither were contactable.

161. The four staff members from Bohill who were willing to be interviewed, presented their accounts of their time on Ennis Ward in different terms from that which had previously been reported. A number of the staff members complimented the staff who worked on Ennis, as well as the ward manager (see, for example, *MAHI-Ennis-1-425, 440, 444, 447, 448*). One particular example that was notable for the investigators was the interview with Bohill's [B5]. [B5] was recorded as the source for the 47th allegation (*MAHI-Ennis-1-390*), namely that a care assistant would remove a patient's shoes if she was on the ground and throw them across the floor to distract her. [B5] told the disciplinary investigators that she had not referred to this as a criticism of MAH staff, but rather intended it as a positive example of staff behaviour. [B5] considered that it was an acceptable example of staff behaviour in order to divert the patient's attention to stop her from stripping, and had mentioned it as such during her interview with the PSNI.

162. The general demeanour of the Bohill staff gave the disciplinary investigators the impression that while they had become fatigued by the process, they had also not been overly concerned with the behaviour they had seen on Ennis ward and were, in their interviews, often complimentary of the staff on the ward.
163. An example of a difference between the interview process undertaken by the disciplinary investigators, as compared to the safeguarding process, was engagement with a witness relevant to an allegation against [H197]. The relevant staff member was [H901]. Their witness statement can be found at MAHI-Ennis-1-399. During the interview the disciplinary investigators conducted with [H197], they were informed that there was a member of staff present at the material time who had been on relief from Oldstone Ward. [H197] explained that she had told the PSNI that [H901] was on the ward and would be an important witness. It appears the PSNI did not approach [H901] to take a statement, and [H901] was also not spoken to during the adult safeguarding process.
164. Having considered all of the evidence before them, the disciplinary investigators determined that they could not be satisfied on the evidence that the allegations against the individual staff members could be substantiated. I am informed that this was not a decision that either investigator took lightly, though the MAH Inquiry may wish to ask the individuals about it themselves.
165. After the disciplinary investigators provided their draft report to John Veitch, the Co-Director for Learning Disability, he suggested that before they came to a final conclusion, they should meet Aine Morrison to discuss their report. The investigators did so and had a productive, professional and courteous conversation. While I am informed that the disciplinary investigators could tell that Ms Morrison had hoped that the disciplinary investigation report would recommend disciplinary action, they considered that by the end of the meeting Ms

Morrison was ultimately accepting of the reasoning of the investigators and their conclusions.

166. The disciplinary investigators reviewed their report and conclusions after meeting Ms Morrison, but did not make any substantive changes in terms of outcome. The disciplinary investigators gave a copy of the report to John Veitch, as the then Co-Director of Learning Disability, and to Esther Rafferty as the then Service Manager at MAH and the commissioner of the report.

167. Originally, the disciplinary report was considered as one large report. John Veitch asked Rhonda Scott to separate the report into three individual reports, one relating to each of the two individual reports, and one report dealing with the general issues. The purpose of this exercise was to allow the report to be shared with each staff member without containing unnecessary information pertaining to the other staff member.

168. Rhonda Scott and Geraldine Hamilton did not have any further involvement in the Ennis investigation in any form.

Question 18

Does BHSCCT accept the findings of the Leadership and Governance Review that the Ennis investigation was a missed opportunity and that it had the potential to identify other institutional malpractice at an earlier stage?

169. This question appears to be based on two different and separate aspects of paragraph 6 of the Executive Summary (*MAHI-Ennis-1-591*) of the 2020 Leadership and Governance Review.

170. The review was commissioned by the Department of Health. It reported in July 2020. By that time the extent of what had been happening on several wards in MAH in 2017 had become much clearer.
171. The 2020 Leadership and Governance Review contains a number of positive findings about the operation of the Belfast Trust. It also contains what the reviewers identified as a number of significant failures, and contains a number of criticisms.
172. It is very difficult for a public body, receiving a report of this kind, to do other than to accept its findings, and do its best to take action in respect of its recommendations. This is so even if the public body may not agree with every aspect of the content of the report that led to the recommendations to be addressed.
173. Having been asked this specific question by the public inquiry, about what appear to be two separate statements in paragraph 6 of the Executive Summary of the 2020 Leadership and Governance Review, the Belfast Trust has endeavoured to reflect on what the review said, and to try to understand what the basis may have been for it. In trying to give an honest answer to the question from the MAH Inquiry the Belfast Trust does not wish to be seen as defensive. It has tried to approach the MAH Inquiry as an opportunity to reflect, learn, and, where necessary, change.
174. The sentence that contains the reference to the Ennis investigation being a missed opportunity says:

"The Review Team considered the Ennis investigation to be a missed opportunity as it was not escalated to Executive Team or Trust Board for wider learning and training purposes."

175. The Belfast Trust has tried to explain, earlier in this statement, why an adult safeguarding report itself would not be escalated to Executive Team or Trust Board, and why that is still the position.

176. Equally, the Belfast Trust has tried to explain, earlier in this statement, how senior staff of the Belfast Trust, including members of the Executive Team (who also sat on Trust Board), were nonetheless apprised about, in various different ways, and aware of, what was said to have occurred on Ennis ward, and what was being done to address the issues that were identified.

177. The suggested missed opportunity, arising from the Ennis investigation not being escalated to Executive Team or Trust Board, was said to be about a missed opportunity for wider learning and training. It is difficult to see how the Ennis investigation being considered by the Executive Team or Trust Board would have necessarily been the vehicle to achieve wider learning and training. If this proposition is correct, then it could equally be correct for the many adult safeguarding investigations that unfortunately require to be undertaken in the Belfast Trust on an annual basis.

178. The separate sentence in paragraph 6 of the Executive Summary of the 2020 Leadership and Governance Review that the MAH Inquiry has referred to in this question reads:

"Learning from Ennis therefore had the potential to identify any other institutional malpractice at an earlier stage".

179. While the statement is made within the Executive Summary, it does not seem to appear in the body of the report, and is not subject to any further elaboration. The natural reading of the sentence appears to presume that there was institutional

malpractice ongoing somewhere else in MAH, at the time, that learning from Ennis would have assisted in identifying. It is difficult for the Belfast Trust to understand the basis for this statement.

180. The Belfast Trust has tried to explain earlier in this statement why no one involved with the allegations about Ennis ward had a basis to consider that there were similar problems elsewhere in MAH; the available evidence, as discussed above, appeared to suggest the opposite.

181. Further, the MAH Inquiry has been provided with, and is being provided with, material that shows occasional incidents of staff behaving inappropriately, the matters being taken seriously by more senior staff, and action being taken against the offending members of MAH staff.

182. The evidence I have considered suggests that the Belfast Trust did take very seriously the allegations concerning some staff on Ennis ward and their behaviour towards some patients. Senior staff were aware of the allegations, and were involved in the responses to the allegations, as was the RQIA who continued to inspect MAH in that knowledge.

183. If the Belfast Trust has misinterpreted the question, and it more relates to the suggested missed opportunity over not having an SAI, then hopefully that has been addressed in an earlier answer.

Question 19

Does BHSCT accept the finding of the Leadership and Governance Review that the situation at Ennis was an example of institutional abuse?

184. This is also a difficult question for the Belfast Trust to address. First, it is necessary to understand what the definition of “institutional abuse” is, that was being applied by the 2020 Leadership and Governance Review, which it in turn determined had been met in respect of the Ennis ward allegations. I cannot find in the report of the 2020 Leadership and Governance Review any definition of the term.

185. I believe that in 2012 I would have regarded the term as referring to situations where there were systems failures, where there were routines of poor practice and care embedded on a ward and occurring on an ongoing basis.

186. The term appears not to have been defined until 2015 when the July 2015 DHSSPS and DOJ guidance “Adult Safeguarding Prevention and Protection in Partnership” defined it in this way:

“Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside Health and Social Care (HSC) provision. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.
“

187. It appears that it was an issue under active consideration by those closely involved with the investigation. There appears to have been different views about it. The Co-Director for Learning Disability appears to have been of the view that

the Ennis allegations, and what needed to be addressed on the ward, did not constitute “institutional abuse”. As discussed above, the then Co-Director of Nursing, from her own work at MAH in the months following the allegations, did not consider there to be evidence of “institutional abuse”. These were both senior and experienced staff; one from a social work background, and the other from a nursing background. Equally, Ms Morrison, the Designated Officer, did not feel able to say there was not institutional abuse involved, albeit she did not consider she had sufficient evidence to say that there was.

188. Ultimately, however one defines the nature of the allegations, the important issue is to ensure that they are fully and properly addressed. The material available to the Belfast Trust, and set out across the two Module 6 statements, would suggest that the matters were taken very seriously, that extensive work went into addressing them, and that by the conclusion of the various processes the staff and outside agencies involved considered, in good faith, that they had been addressed.

189. I entirely accept that, given what happened on various wards at MAH in 2017, it is difficult for the Belfast Trust to seek to argue with various criticisms levelled at it. However, notwithstanding any failings found in respect of matters in 2017, and how they were addressed, the Belfast Trust considers that the response to the Ennis allegations was intended to be and was robust, and that there is a danger of hindsight being applied because of what is known of highly regrettable subsequent events.

Question 20

Explain the circumstances in which BHSCCT asked David Bingham to adjudicate on complaints made by Aine Morrison against Moira Mannon and other staff arising from the Ennis investigation.

Specifically:

- What was David Bingham asked to do?
- For what purpose?
- To whom did he provide his report?
- Did BHSCT provide that report to anyone else?
- If so, to whom?
- Did this process form part of BHSCT's response to a grievance? If so, how does that relate to the processes outlined in BHSCT's policy for managing staff grievances?

190. As I have referred to above, the Ennis Ward Adult Safeguarding Investigation had been discussed at meetings of MDAG. I understand that after one of the meetings of MDAG, in and around 2019, Marie Heaney was approached by Aine Morrison, who was accompanied by Jackie McIlory. Ms Morrison informed Ms Heaney that she wanted to inform the Belfast Trust, for whom Ms Morrison had previously worked, about her experience as Designated Officer during the Ennis Ward Adult Safeguarding Investigation.

191. I understand that Ms Heaney discussed this the same day with Dr Jack, the Belfast Trust Chief Executive, and Carol Diffin, the then Director of Social Work. It was agreed that Carol Diffin and Marie Heaney would meet with Aine Morrison, who wanted to be accompanied by Jackie McIlroy, to discuss matters. This meeting occurred on 16 January 2020 by way of teleconference.

192. Marie Heaney took notes of the teleconference. It was agreed that Ms Heaney would type up the notes and provide them to Ms Morrison for her approval. The notes of the teleconference are those which can be found at *MAHI - Ennis - 1 - 582*. I understand that these notes were sent to Aine Morrison on 31 January 2020 on behalf of Carol Diffin by way of an email which asked Ms Morrison to review the

record and ensure it is accurate, or else put her own record of her concerns in writing to the Belfast Trust.

193. I understand that Ms Morrison did not agree with the record of the teleconference and chose to provide her own written account, which she did on 6 February 2020. The Belfast Trust has provided that written account to the MAH Inquiry (*BHSCT - A - 00010 - 2020.02.06_AM_AccountofEnnisExperience (10 pages) - (00952).pdf*).

194. On 13 February 2020, a teleconference took place between Sean Holland (then Chief Social Worker at the Department), Dr. Cathy Jack, Carol Diffin, Brenda Creaney, Jacqui Kennedy, Siobhan Rogan (RQIA), and Mark Lee (of the Department). The purpose of the teleconference was to discuss with those involved with the Leadership and Governance Review Team the recent concerns regarding MAH which had arisen on foot of the issues raised by Aine Morrison. It was agreed at that teleconference that Ms Morrison's concerns would be included within the Leadership and Governance Review and that no additional investigation by the Belfast Trust was required.

195. Dr. Cathy Jack wrote to David Bingham on 1 May 2020, although it was not sent until 5 May 2020, asking David Bingham and his team to consider the particular issues raised by Aine Morrison in relation to the Ennis investigation, in addition to the substantive issues set out in the Leadership and Governance Review's Terms of Reference.

196. By way of reply on 5 May 2020, Mr Bingham requested sight of the statements made to the Belfast Trust by Esther Rafferty and Moira Mannion. Both Ms Rafferty and Ms Mannion, who were still employees of the Belfast Trust, were separately given an opportunity to consider and respond to what Ms Morrison had to say about each of them. They provided their responses in writing to the Belfast Trust.

I understand those responses were provided to David Bingham (*BHSCT - H - 00014 - File 14 of 2020 Leadership & Governance Review materials - BHSCT L&GRFile v3 (334 pages) - (00081) beginning at pages 251 and 253*)

197. On 8 June 2020, Katrina McMahon sent an email for the attention of Dr Jack. The email stated that the 2020 Leadership and Governance Review Team had met via Zoom with Moira Mannion who informed the Review Team that she was told that the issues raised by Aine Morrison would be a matter for the Leadership and Governance Review. The email went on to state: *"we need to be clear with the Trust that we are not going to deal with what is a matter between two employees of the Trust"*.
198. Dr Jack therefore agreed with the chair of the Review Team, Mr David Bingham, that he would consider the issues and separately write to the Belfast Trust with his conclusions. I do not believe the Belfast Trust was involved in determining how David Bingham would conduct the exercise. Dr Jack is presently on leave following surgery, and I have not been in a position to speak to her about this as yet, but I anticipate that the reason for asking David Bingham to deal with the matter was because he was independent of the Belfast Trust, and was, with others, already looking at matters in the area of the issues raised by Ms Morrison.
199. On 14 August 2020, David Bingham provided his findings in respect of the allegations made by Ms Morrison in relation to Moira Mannion by way of email. His email stated:
200. The report attached is that which can be seen at *MAHI- Ennis - 1 - 802*.

"Cathy,

Please find attached my findings in respect of the allegations made by AM in respect of Maura [sic] Mannion. I have found no basis for the allegations and would hope that my input would assist the Trust in considering these matters.

Best wishes

David Bingham"

201. On 27 August 2020, Dr Jack provided a redacted copy of the report to Ms Mannion. On the same date she provided a copy of the report to Sean Holland and Charlotte McArdle at the Department. I understand that Sean Holland and Jackie McIlroy agreed that they would share the report with Ms Morrison.

202. I also understand that the same process was invoked in relation to the issues raised by Aine Morrison concerning Esther Rafferty. Mr Bingham produced a similar report in relation to those issues dated September 2020. I understand it was also shared with Sean Holland and Charlotte McArdle at the Department in and around September 2020. A redacted version of the report was shared with Esther Rafferty on 15 September 2020.

203. The issues raised by Aine Morrison, and which Belfast Trust asked David Bingham to look at, were not dealt with as a grievance by the Belfast Trust. Ms Morrison did subsequently submit a formal grievance on 31 March 2021, the content of which relates to how the Belfast Trust had handled a "*statement [Ms Morrison] made in December 2019 outlining [her] experience of carrying out an adult safeguarding investigation*". The grievance essentially relates to David Bingham's consideration of what Ms Morrison had to say about Ms Mannion and Ms Rafferty, and the conclusions he reached.

Question 21

Are there any other matters relating to Ennis that BHSCT wishes to bring to the attention of the Panel for the purpose of assisting the Panel in addressing the terms of reference?

204. I am going to continue to consider these issues, and any further material that can be found, between the provision of this statement and when I am asked to give oral evidence.

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have either exhibited or referred to the documents which, collectively, the contributors to this statement believe are necessary to address the matters on which the MAH Inquiry Panel has requested the Belfast Trust to give evidence.

Signed:

A handwritten signature in blue ink, reading "Brenda McGeary". The signature is written in a cursive style with a trailing flourish.

Dated: 22nd February 2024

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MAHI Team
1st Floor
The Corn Exchange
31 Gordon Street
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BT1 2LG

07 December 2023

By Email Only

Ms Jane McManus
Solicitor Consultant
Directorate of Legal Services
2 Franklin Street
Belfast
BT2 8DQ

Dear Ms McManus

Re Evidence Module 6b: Ennis Ward Adult Safeguarding Report

The purpose of this correspondence is to request an organisational statement from the Belfast Health and Social Care Trust in respect of the Ennis Ward Adult Safeguarding Report and its outworking. The correspondence should be regarded as a request in accordance with Rule 9 of the Inquiry Rules 2006.

You will be familiar with the background to this request, but it is worth drawing attention to the following for your assistance. The Inquiry requested statements on behalf of the Belfast Health and Social Care Trust in respect of the Evidence Modules by correspondence of 09 December 2022. The Trust's statement in respect of Module 6 was made by Martin Dillon and is dated 26 April 2023.

On 05 May 2023, the Chair issued a public statement concerning the Evidence Modules, explaining as follows:

“On consideration of the material received by the Inquiry to date in respect of Topic 6b (Ennis Ward Safeguarding Report) and Topic 6d (Review of Leadership and Governance at MAH), as well as the responses to those reports, the Panel has determined that further groundwork will be required prior to the hearing of oral evidence in respect of those matters. This may include the obtaining of further statements to ensure that the Panel will have obtained a comprehensive picture of the processes that led to the production of those reports.”

The Panel now wishes to obtain statements from a number of individuals who will be in a position to assist with the Panel's understanding of the Ennis process and its outworking. The Panel also wishes to obtain an organisational statement from the Trust in respect of these matters. For the purpose of this exercise, the Panel has adopted the view that the witnesses asked to provide these statements should be provided with access to a bundle of documents that will assist them and to which they may wish to make reference in their statements.

I enclose for your attention the Index to the bundle, titled "Module 6b: Ennis Ward Adult Safeguarding Report - Bundle for Witnesses". The Secretary to the Inquiry will provide you and the statement maker with access to the bundle through the Inquiry's document management system BOX. Prior to access to these documents being provided to the statement maker the Secretary will arrange for the statement maker to complete and return a specific confidentiality agreement in respect of the documents.

Please note that the bundle does not purport to contain every document that relates to Ennis, but only those documents that have been assessed as necessary for statement makers to have the opportunity of considering for the purpose of assisting the Panel.

Also enclosed with this correspondence are two sets of questions. The first set comprises questions that the Panel has asked the individual statement makers to consider for the purpose of this exercise. Those questions are provided for the information of the Trust, and it may be that the Trust will wish to address some of the issues raised by those questions. The second set of questions is specifically for the attention of the Trust. It would be helpful if the Trust could address those questions in sequence in the statement. Please also note that the questions are not exclusive. If there are other matters that The Trust wishes to bring to the attention of the Inquiry in respect of Ennis that the Trust feels will assist the Panel in addressing the terms of reference, it should do so.

Please note that the statement made by Martin Dillon on 26 April 2023 will be disclosed to Core Participants prior to the hearing of oral evidence in respect of Ennis.

You will recall that the first tranche of Evidence Module statements was sought on the understanding that the primary objective was to ensure that the Panel would be fully informed of the legal and regulatory framework, organisational structures relevant to the terms of reference and relevant policies, procedures and practices that were applicable during the timeframe with which the Inquiry is concerned. The initial request for statements stated that it was anticipated that the Inquiry would wish to hear further evidence at a later juncture to address the adequacy and effectiveness of the systems and processes in place at the relevant time.

The new statement requested by this correspondence should not be regarded as subject to any such limitation. The Panel does wish at this juncture to examine the adequacy and effectiveness of systems and processes that were in place at the relevant time as well as the actual response to the matter by the Trust. The Inquiry will also examine the response of other organisations where relevant in the closing phase of the Inquiry. In the new statement, the Trust will of course be free to draw upon the text of Mr Dillon's statement of 26 April 2023 (it may be that Mr Dillon will be the maker of the statement on behalf of the Trust requested in this correspondence) as

appropriate, but it should be understood that questions of adequacy and effectiveness are being examined.

The Chair has directed that this batch of statements addressing Ennis and related matters are to be taken by the Inquiry statement taking team at Cleaver Fulton Rankin. I trust that you will liaise with Cleaver Fulton Rankin in this regard. Please note that the statement maker will be asked to refer to the pagination in the Ennis bundle rather than exhibiting any of the documentation in that bundle.

It is requested that the statement be produced to the Inquiry via BOX by no later than Friday 26 January 2024. Cleaver Fulton Rankin have been advised of this date and they will contact you shortly to make the necessary arrangements for the statement to be taken.

It is anticipated that The Trust's oral evidence in respect of this matter will be scheduled between Monday 11 March and Thursday 28 March 2024. Can you please indicate whether there are any dates during that period on which the witness will be unavailable?

If you have any queries about this correspondence, please do not hesitate to contact me.

Yours faithfully,



Lorraine Keown
Solicitor to the Inquiry

Enclosures:

1. Index to "Module 6b: Ennis Ward Adult Safeguarding Report (August 2013) Bundle for Witnesses".
2. Module 6b: Questions for Witness.
3. Module 6b: Questions for BHSCT.

MAHI Muckamore Abbey Hospital Inquiry

Module 6b: Ennis Ward Adult Safeguarding Report (August 2013) Bundle for Witnesses

No.	Documents	Page
1.	Minutes of Strategy Review Meetings: <ul style="list-style-type: none"> i. 09 November 2012. ii. 15 November 2012. iii. 12 December 2012. iv. 20 December 2012. v. 09 January 2013. vi. 29 March 2013. vii. 05 July 2013. viii. 28 October 2013. ix. 08 April 2014. 	<u>4 – 26</u> <u>27 – 31</u> <u>32 – 39</u> <u>40 – 51</u> <u>52 – 61</u> <u>62 – 66</u> <u>67 – 70</u> <u>71 – 76</u> <u>77 – 81</u>
2.	Follow-Up Proforma for Early Alert Communication (referencing initial call on 09 November 2012).	<u>82 – 83</u>
3.	Guidance: <ul style="list-style-type: none"> i. Guidance for Supervising Staff in Ennis Ward (undated). ii. Guidance for Ward Managers in Ennis Ward (undated). 	<u>84</u> <u>85</u>
4.	M Mannion Briefings: <ul style="list-style-type: none"> i. Briefing by M Mannion, 19 December 2012. ii. 2nd Briefing Report by M Mannion, 9 January 2013. 	<u>86 – 87</u> <u>88 – 96</u>

5.	<p>Action Plan Material:</p> <ul style="list-style-type: none"> i. Proposal for Service Improvement Action Plan in Ennis Ward (undated). <u>97</u> ii. Action plan recommended following leadership walk round with senior staff (undated). <u>98</u> iii. Service Improvement Action Plan Ennis Ward (undated). <u>99 - 108</u> 	
6.	Ennis Audit April 2013.	<u>109 – 113</u>
7.	<p>RQIA Unannounced Inspection Reports regarding Ennis 2012 - 2013:</p> <ul style="list-style-type: none"> i. 13 November 2012. <u>114 – 144</u> ii. 20 December 2012. <u>145 – 162</u> iii. 29 January 2013. <u>163 – 182</u> iv. 29 May 2013. <u>183 – 199</u> 	
8.	<p>Correspondence between BHSCT and RQIA:</p> <ul style="list-style-type: none"> i. Theresa Nixon (Director MHL D and Social Care RQIA) to Esther Rafferty (Service Manager MAH), 15 November 2012. <u>200 – 201</u> ii. Esther Rafferty MAH to Theresa Nixon RQIA, 23 November 2012 (and enclosed Action Plan). <u>202 – 203</u> iii. Theresa Nixon RQIA to Esther Rafferty MAH, 03 December 2012. <u>204 – 206</u> iv. Esther Rafferty MAH to Theresa Nixon RQIA, 12 December 2012. <u>207 – 209</u> v. Glenn Houston (Chief Executive RQIA) to Colm Donaghy (Chief executive BHSCT), 01 February 2013. <u>210 – 213</u> vi. Response to RQIA correspondence of 01 February 2013 (undated). <u>214 – 216</u> vii. Theresa Nixon RQIA to John Veitch (Co-Director for Children's MHL D Services MAH), 09 May 2013. <u>217 – 218</u> viii. John Veitch MAH to Theresa Nixon RQIA, 06 June 2013. <u>219 – 220</u> 	
9.	Ennis Ward Adult Safeguarding Investigation, 23 October 2013 (Aine Morrison, Colette Ireland, Carmel Drysdale).	<u>221 – 292</u>

10.	<p>Ennis Investigation Reports: *</p> <p>i. Investigation into alleged incidents on 8th November 2012 in relation to H159 (without Appendices). <u>293 – 317</u></p> <p>ii. Investigation into alleged incidents on 8th November 2012 in relation to H197 (without Appendices). <u>318 – 339</u></p> <p>iii. Investigation into alleged incidents reported on 8th November 2012 (with Appendices). <u>340 – 376</u></p> <p>* Note that the Appendices to each of these three reports are the same, therefore only one set is included.</p>	
11.	Timeline of Ennis Investigation (January 2010 to April 2016).	<u>577 – 581</u>
12.	Record of teleconference (to facilitate DAPO to communicate difficulties encountered in carrying out role), Thursday 16 January 2020.	<u>582 – 586</u>
13.	A Review of Leadership and Governance at Muckamore Abbey Hospital (The Muckamore Abbey Hospital Review Team, July 2020).	<u>587 – 801</u>
14.	Report into allegations made against Moira Mannion (David Bingham, August 2020).	<u>802 – 804</u>



**Module 6b: Ennis Ward Adult Safeguarding Report
Questions to be Addressed in Witness Statement**

1. What was your job title and role in November 2012, the time of the allegations which gave rise to the Ennis investigation?
2. When and in what circumstances did you first become aware of the allegations?
3. What actions did you take on first becoming aware of the allegations?
4. What was your role in the Belfast Trust's safeguarding investigation into the allegations made about incidents on Ennis ward on 08 November 2012? It is anticipated that the answer to this question will include, but not be limited to:
 - a detailed explanation of your specific role(s) and actions taken;
 - if you worked with others, an explanation of who they were;
 - an explanation of who you reported to in respect of any actions.
5. How, in your perception, was the Ennis report received by senior management and how did they respond?
6. How, in your perception, was the Ennis report received by ward staff and how did they respond?
7. What was your role in the implementation of the recommendations made by the Ennis report? It is anticipated that the answer to this question will include, but not be limited to:
 - a detailed explanation of your specific role(s) and actions taken;
 - an explanation of who you reported to in respect of any actions;
 - if you worked with others, an explanation of who they were and the role(s) they carried out.
8. Did you encounter any challenges or difficulties in your role in the Ennis investigation or the response to it? If so, please explain what they were?
9. Having received and considered the bundle of documents provided by the Inquiry relating to Ennis, do you wish to provide further detail or comment on any issue(s) arising in the documents?
10. Please provide detail of any matters in respect of Ennis not covered by the above or your experience of Muckamore Abbey Hospital generally that you feel will assist the Panel in addressing the terms of reference?



**Module 6b: Ennis Ward Adult Safeguarding Report
Questions to be Addressed in BHSCT Witness Statement**

1. Once the Ennis Ward Adult Safeguarding Report was completed, who was it provided to within the Belfast Trust? It is expected that the answer to this question will also explain when and in what circumstances the report was provided to such persons/entities.
2. Why was the report not provided to the Executive Team or Trust Board (see paragraph 6 of the Leadership and Governance Report)?
3. Was the report provided to the Chief Executive, Medical or Nursing Director? Was the report provided to the Audit Committee (including any sub-committee of the audit committee), or any other Committees? It is expected that the answer to this question will also explain when and in what circumstances the report was provided to such persons/entities.
4. Why was the report not addressed in the Discharge of Statutory Functions (DSF) Reports (see paragraph 6 of the Leadership and Governance Report)? Which body, or person, within the Trust has responsibility for discussing and signing off on the DSF Report?
5. When did the Trust Board first become aware of the Ennis Report and its action plans? Please note that the reference to the Board includes reference to Non-Executive Directors.
6. When the Trust Board did become aware of the report, what steps did it take?
7. Which other agencies was the report provided to and when?
8. What action did BHSCT take to implement the recommendations contained in the Ennis report and to monitor their effectiveness? It is envisaged that the response to this question will include, but need not be limited to, an explanation of:
 - Who, or what entity, created the action plans relating to Ennis?
 - Who, or what entity, was responsible for the implementation of the action plans?
 - How were the action plans implemented?
 - How was the implementation of the action plans monitored by the Trust? The answer to this question should include an explanation of both named individuals and committees who were responsible for monitoring, and an explanation of the various levels at which monitoring took place.

- Did the Trust work with any other agencies in the implementation and monitoring of the action plans? If so, how?
 - What support was offered to ward staff to implement changes brought about by recommendations (for example, education/training/supervision/HR support)?
9. What steps were taken by the Trust to investigate whether the culture that was found to exist on Ennis ward existed in other wards at MAH?
 10. Why did the Belfast Trust not submit an SAI in respect of Ennis? Who was responsible for this decision and when was it made?
 11. Who drafted the “Review of Ennis Investigation 2012” at BHSCT-A-00019? What was the intended purpose of the review? Who was the report given to and when? Specifically, was it provided to the Trust Board?
 12. Were families of patients informed that an investigation was being carried out into allegations arising at Ennis ward? If so, when and how? If not, why not?
 13. Were the findings of the Ennis investigation shared with families of patients? If so, when and how? If not, why not?
 14. Were staff informed that an investigation was being carried out into allegations arising at Ennis ward? If so, when and how? If not, why not?
 15. Were the findings of the Ennis investigation shared with staff? If so, when and how? If not, why not?
 16. What weight was placed on the findings of the Ennis report during the disciplinary investigations subsequently conducted in respect of H159 and H197?
 17. Why did the disciplinary investigation not recommend or support formal or disciplinary action against H197 or H159?
 18. Does BHSCT accept the findings of the Leadership and Governance Review that the Ennis investigation was a missed opportunity and that it had the potential to identify other institutional malpractice at an earlier stage?
 19. Does BHSCT accept the finding of the Leadership and Governance Review that the situation at Ennis was an example of institutional abuse?
 20. Explain the circumstances in which BHSCT asked David Bingham to adjudicate on complaints made by Aine Morrison against Moira Mannon and other staff arising from the Ennis investigation. Specifically:
 - What was David Bingham asked to do?
 - For what purpose?
 - To whom did he provide his report?
 - Did BHSCT provide that report to anyone else?

- If so, to whom?
- Did this process form part of BHSC's response to a grievance? If so, how does that relate to the processes outlined in BHSC's policy for managing staff grievances?

21. Are there any other matters relating to Ennis that BHSC wishes to bring to the attention of the Panel for the purpose of assisting the Panel in addressing the terms of reference?

Info Reg # 1

1-1 19.001



Belfast Health and
Social Care Trust

Page 1 of 67

TYPE OF DOCUMENT

Trust Policy & Procedure for approval by Trust Policy Committee

REFERENCE NUMBER	TP044/10
TITLE	Belfast Health & Social Care Trust Adult Protection Policy & Procedures
Summary	The Belfast Health & Social Care Trust recognises its duty to respond to the needs of vulnerable adults who are subject to alleged, suspected or confirmed abuse. This policy aims to ensure that all Trust staff and all services commissioned by the Trust have a clear understanding of their obligation to support and protect vulnerable adults. The policy provides a framework within which all those involved in adult protection work should operate.
Purpose	This policy is designed to provide a clear statement of the Belfast Trust's commitment to respond in a comprehensive and co-ordinated way in relation to adult protection work. The policy outlines the Trust's awareness of and commitment to delivering on regionally agreed policies, procedures and protocols. The policy also sets the context within which the Trust will deliver Adult Protection Procedures (see Trust's Adult Protection Procedures).
Supersedes	Legacy Trust procedures
Operational date	1 June 2010
Review date	1 June 2012
Version Number	V1
Director Responsible	Bernie McNally
Lead Author	Ms Una Macauley
Lead Author, Position	Acting Co-director
Department / Service Group	Social and Primary Care Services
Contact details	Una Macauley - 90327156 Yvonne McKnight - 90565707

Adult Protection Policy & Procedures – June 2010

Additional Author(s)	Yvonne McKnight - 90565707
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**Version Record
Policy Record**

Date	Version	Author	Comments
27/06/09	V0.1	Yvonne McKnight/ Ann Kernaghan	Initial Draft
21/12/09 30/02/10	V0.2	Una Macauley / Yvonne McKnight	Consultation with Acute Hospital Sector, Learning Disability Service, Mental Health Service, Physical Disability Service, Older People Services.
28/04/10	V0.3	Una Macauley / Yvonne McKnight	Final BHSCT submitted for approval

		Date	Version
Author (s)	Approval		
Director Responsible	Approval		

Approval Process – Trust Policies

Policy Committee	Approval	17.05.10	V1
Executive Team	Authorise	19.05.10	V1
Chief Executive	Sign Off	19.05.10	V1

Approval Process – Clinical Standards and Guidelines

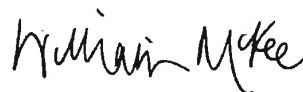
Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		
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Dissemination

Areas :	

For Director of Social and Primary Care **Chief Executive**
19 May 2010 19 May 2010

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Full Description**1. Title: Adult Protection Policy & Procedure****2. Introduction**

The Belfast Health & Social Care Trust recognises that abuse is a violation of an individual's human and civil rights. The Trust has a zero tolerance in relation to all forms of abuse and exploitation. The Trust is fully committed to ensuring that vulnerable adults who are subject to alleged, suspected or confirmed abuse are supported and protected from harm.

This Policy aims to ensure that all Trust staff and services commissioned by the Trust who are involved in the care of Vulnerable Adults who are subject to alleged, suspected or confirmed abuse, respond in a co-ordinated and consistent way to support and protect the Vulnerable Adult.

This Policy replaces Legacy Trust Policies & Procedures. The Belfast Health & Social Care Trust are fully committed to delivering on Safeguarding Vulnerable Adults, the Regional Adult Protection Policy and Procedural Guidance (September 2006).

This Trust Operational Policy endorses legislative and regional requirements in relation to adult protection work.

It is recommended that staff working in the field of adult protection read this document in conjunction with:

- Safeguarding Vulnerable Adults, Regional Adult Protection Policy & Procedural Guidance (Sept 2006)
- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults. (Jul 2009)
- Achieving Best Evidence In Criminal Proceedings (NI) guidance for Vulnerable or Intimidated witnesses, including children. (2003)
- Regulation Quality Improvement Authority's Procedures for Responding to Allegations, Suspicions or Incidents of Abuse of Vulnerable Adults in Regulated Service (Nov 2007)
- The Safeguarding Vulnerable Groups Order (N.I.) 2007
- Guidance on Consent & Capacity DHSPS

The Trust is committed to ensuring policies and procedures are reviewed and updated regularly. It is recognised that the DHSSPS are currently working on a new Government policy and this policy and procedure will be reviewed as soon as the new Government Policy is issued. It is therefore anticipated that the first review will be in 12/18 months time and thereafter reviewed every 2 years.

3. Purpose

This policy is designed to provide a clear, comprehensive and consistent approach to the management of alleged, suspected or confirmed abuse of vulnerable adults within the Belfast Health & Social Care Trust. The Belfast Health & Social Care Trust are fully committed to delivering on Safeguarding Vulnerable Adults, the Regional Adult Protection Policy and Procedural Guidance (September 2006). The attached Adult Protection Procedures set out Trust expectations regarding reporting requirements and responsibilities in terms of investigation and protection of the vulnerable adult.

4. The Scope:

This Policy is relevant to all staff working within the Trust who, either directly or indirectly come into contact with Vulnerable Adults who are subject to alleged, suspected or confirmed abuse. This Policy is of particular relevance to staff working within Older People Service, Learning Disability Services, Mental Health Services and Physical Health & Disability Services including Sensory Impaired. The Policy recognises that abuse of Vulnerable Adults can happen anywhere including Community, Hospital, Care Facilities and Day Care and the policy is therefore applicable in all settings. It covers all types of abuse including neglect and recognises that vulnerable people cannot always protect themselves.

This Policy does not operate independently of other Belfast Trust Policies & Procedures. Policies and Procedures such as Complaints, Whistle Blowing and Disciplinary Procedures should be implemented concurrently in order to ensure the protection of the Vulnerable Adults.

5. Objectives:

- 5.1 The overall aim of the Policy is to prevent abuse by providing a framework within which all Trust staff should operate to protect vulnerable adults.
- 5.2 To comply with Regional requirements as outlined / defined in 'Safeguarding Vulnerable Adult Protection Policy & Procedural Guidance (2006)'
- 5.3 To set out clearly the Trust's expectations in relation to identification and management of cases of suspected, alleged or confirmed abuse of a vulnerable adult.
- 5.4 To clarify the roles and responsibilities of those involved in adult protection work.
- 5.5 To ensure a comprehensive and consistent approach is taken in relation to adult protection work across the Trust
- 5.6 To promote effective multi-disciplinary and multi-agency working in relation to abuse investigations and protection planning.
- 5.7 To highlight and reaffirm the Trust's commitment to Regional Protocols, in particular the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) and meet requirements under Achieving Best Evidence in Criminal Proceedings (NI) Guidance for Vulnerable and Intimidated Witnesses including Children (2003)
- 5.8 To ensure early detection of abuse of vulnerable adults and prompt intervention to offer protection.
- 5.9 To comply with legislative requirements as defined
- 5.10 To provide a clear policy & procedures for managers and staff.

6. Roles and Responsibilities:

To achieve these objectives, clarity regarding roles and responsibilities is required.

Trust Board

1. To ensure that relevant Policies and Procedures are in place in relation to Adult Protection work.
2. To commit appropriate resources to ensure that staff working in the field of Adult Protection are adequately trained.

Service Group: Directors / Co-Directors / Service Managers

To ensure that all staff within their areas of responsibility are familiar with the Trust's Adult Protection Policy and have a clear understanding of their role and responsibility.

To provide relevant training and support to staff to ensure they are adequately equipped to deliver in terms of their responsibilities in relation to Adult Protection work.

To ensure that the complement of staff trained as Designated Officers, Investigating Officers and Specialist Interviewers (ABE) is sufficient to meet the needs of the service.

Employees

To adhere to Adult Protection Policy & Procedure.

To attend relevant training.

To raise issues of concern promptly with line manager.

To follow reporting procedures and protocols, with particular reference to Regional Reporting arrangements.

To adhere to Protocol for Joint Investigation of Alleged and Suspected Abuse of Vulnerable Adults (2009).

Regulated Services must adhere to Regulation Quality & Improvement Authority reporting procedures.

7. The definition and background of the Policy

The 'No Secrets: Guidance on Developing & Implementing Multi-agency Policies and Procedures to Protection Vulnerable Adults from Abuse' was issued by the Department of Health (2000) and required Trusts to work jointly with other relevant Agencies to protect vulnerable adults from abuse.

- Achieving Best Evidence in Criminal Proceedings (NI) Home Office 2002
- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2003)

Safeguarding Vulnerable Adults Regional Policy and Procedural Guidance was issued by the Regional Adult Protection Forum and endorsed by the DHPSS and is recognised by the Belfast Trust as the framework within which all work in relation to Adult Protection should take place. The Belfast Trust Adult Protection Operational Policy both endorses and complements the Regional Policy. It reaffirms the Trust's commitment to delivering on Regional Requirements and builds on this by setting out Trust requirements in relation to Governance arrangements.

8. Policy / Guidelines description:

8.1 Vulnerable Adult

The Trust has adopted Safeguarding Vulnerable Adults definition of a Vulnerable Adult as:

'a person aged 18 years or over who is, or may be, in need of community care services or is resident in a continuing care facility by reason of mental or other disability, age or illness or 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'(1). Therefore adults assessed by the Trust as eligible for a service from one of the service groups are defined as vulnerable adults.

This includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen; e.g. whether present from birth or due to advancing age, chronic illness or injury.

8.2 Abuse

The definition of abuse adopted by the Belfast Trust is derived from Regional Guidance issued by the Management Executive, Department of Health and Social Services, in 1996, which states that abuse is:

'The physical, psychological, emotional, financial or sexual maltreatment or neglect of a Vulnerable Adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship'(2)

'Forms of abuse can be categorised as follows:

- physical abuse (including inappropriate restraint or use of medication)
- sexual abuse
- psychological abuse
- financial or material abuse
- neglect and acts of omission
- institutional abuse and
- discriminatory abuse

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time.

Any or all types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

The Law Commission in its 1995 report makes use of the concept of significant harm as an important threshold when considering the nature of intervention and defines this as including not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical) but also the impairment of physical, intellectual, emotional, social or behavioural development. Significant harm may include the degree, extent, duration and frequency of harm'.(3)

8.3 Designated Officer

Is a professional member of Trust staff with management experience who has received additional specialist training in relation to adult protection work. The Designated Officer has a number of key functions under the Adult Protection Policy, these include; deciding whether an investigation under Adult Protection Policy & Procedures is appropriate; nominating an Investigating Officer; providing line management support to the Investigating Officer; and overall responsibility for the co-ordination of the investigation. The Designated Officer's role involves directing of the investigation and he/she is responsible for the decision making. Only staff trained and appointed as Designated Officers should fulfil this role.

8.4 Investigating Officer

Is a professional member of Trust staff who has had additional specialist training in relation to adult protection work. The Investigating Officer is responsible for conducting an adult protection investigation and for ensuring that an effective protection plan is in place. Only staff trained and appointed as Investigating Officer by their Service Group can fulfil this role.

8.5 Specialist Interviewer

Is a professional member of Trust staff who has successfully completed the eight day Achieving Best Evidence course. The role involves joint working with PSNI in terms of interviewing vulnerable or intimidated witnesses.

8.6 Staff trained in the Protocol for Joint Investigation

Most Adult Protection investigations involve a Designated Officer and an Investigating Officer. In cases where crime is suspected, a Joint Agency Consultation with PSNI should take place. If a Joint Investigation is initiated, staff trained in the Protocol for Joint Investigation can be nominated by the Designated Officer to gather preliminary information to help inform the strategy planning meeting. Staff trained in Joint Protocol can also, in conjunction with PSNI, conduct a clarification discussion with a vulnerable adult. However it must be stressed that only staff trained as Specialist Interviewers under Achieving Best Evidence can conduct investigative interviews.

9. Policy Statement:

- 9.1 The Belfast Trust recognises that abuse of vulnerable adults is everyone's business and therefore requires all Trust staff and services commissioned by the Trust (private, voluntary, independent sector) to be alert to the possibility of abuse.
- 9.2 Trust staff who have concerns regarding alleged, suspected or confirmed abuse of a vulnerable adult, have an obligation to report their concerns immediately.
- 9.3 All allegations of abuse of a vulnerable adult will be fully investigated and a protection plan put in place where appropriate.
- 9.4 The Belfast Trust is fully committed to ensure that staff working with vulnerable adults are properly vetted in keeping with Safeguarding Vulnerable Groups Order (N.I) 2007.
- 9.5 The Trust will ensure that all staff working with vulnerable adults are appropriately trained in terms of adult protection work. Training will be

commensurate with the individual's role and responsibilities. In Regulated Services, requirements regarding adult protection training and refresher training will be complied with in keeping with Residential Home Regulations, Day Centre Regulations and Domiciliary Care Regulations. Reporting requirements in relation to regulated services will be strictly adhered to and RQIA procedures for reporting will be followed.

- 9.6 Safeguarding Vulnerable Adults Regional Policy and Procedural Guidance will be fully implemented.
- 9.7 In situations where alleged, suspected or confirmed abuse occurs the Trust will act promptly to protect the individual and to investigate the abuse.
- 9.8 Principles around consent and capacity will be adhered to and DHSSPS Guidance regarding consent and capacity will be applied.
- 9.9 Any decision taken regarding the possibility of overriding consent will be carefully assessed and a clear rationale for overriding consent will be required.
- 9.10 Human rights legislation will be considered in all cases and the rights of the individual will be recognised as of paramount importance.
- 9.11 The Trust will avoid unnecessary or premature initiation of a vulnerable adult investigation.
- 9.12 In situations where an alleged perpetrator is a Trust employee, all actions necessary to protect the vulnerable adult will be taken. This will include consideration of disciplinary procedures, with particular reference to precautionary suspension or change of duties while the investigation is being conducted.
- 9.13 In all situations involving Trust employees (or paid carers), consideration will be given to referral to the Independent Safeguarding Authority. DHSSPS Guidance on Vetting and Barring will be applied.
- 9.14 In all situations involving Trust employees, consideration will be given to whether referral to the person's professional body is appropriate.
- 9.15 Where a crime is suspected, referral on to PSNI will be made by Trust.
- 9.16 The Trust will work in partnership with the vulnerable adult, carers and relevant others.
- 9.17 Multi-disciplinary and multi-agency working are recognised as key aspects of the work and the Protocol for Joint Investigating of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) will be implemented where applicable.
- 9.18 All services commissioned by the Trust are expected to report concerns regarding abuse of vulnerable adults to the relevant Service Group within the Trust. Regulated services must comply with the Residential Home Regulations, Domiciliary Care Regulations and Day Care Regulations.

- 9.19 Services commissioned by the Trust are required to comply with legislative requirements and regional policies, procedures and protocols. Furthermore, commissioned services must have in place adult protection arrangements that are compatible with the Belfast Trust's adult protection arrangements.
- 9.20 Standardised recording and monitoring systems will be put in place.
- 9.21 Annual audits will take place to ensure compliance with the Trust's obligations in relation to Statutory Functions.

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10. Implementation

This Policy should be implemented by all Service Groups and all staff are required to comply with the Policy & Procedures. In order to ensure effective implementation the Belfast Trust has in place a Learning & Development Adult Protection training strategy. This strategy recognises that Trust staff are required to be aware of the policies and procedures in relation to Adult Protection work and their role and responsibilities within this. Staff need to be trained to a level commensurate with the responsibilities of their post.

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An extensive training programme has been developed to ensure staff are provided with the necessary knowledge and skills to deliver, in terms of the obligations under the Adult Protection Policy.

The training programme consists of 5 levels of training:

Level 1 Awareness Raising Training – half day course

Mandatory for all Trust staff working with vulnerable adults. This session focuses on the alert stage of the policy. In addition and in keeping with Residential Homes regulations, Domiciliary Care regulations and Day Care regulations, refresher training is provided to all staff working in regulated service every 2 years.

Level 2 Training – one day course

Is aimed at first line managers and others who may be directly involved in the decision to refer to a Designated Officer (screening stage).

Level 3 Designated Officer/Investigating Officer Training - 2 day course

For staff who are directly involved in the investigation and management of adult protection work.

Level 4 Joint Protocol Training – 3 day course

Focuses on the Joint Agency Protocol. Joint PSNI and Trust training.

Achieving Best Evidence Training – 8 day course

Joint PSNI and Trust training.

In addition to training, implementation will also be supported by work of the Belfast Area Adult Protection Forum. To ensure ongoing development and support to staff working directly in the Adult Protection field, good-practice groups will be established.

11. Sources / evidence base

'Safeguarding Vulnerable Adults Regional Adult Protection Policy & Procedural Guidance' 2006

'Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults' July 2009

12. References, including relevant external guidelines

Law Commission for England and Wales (1995) Mental Incapacity Report No. 231
London HMSO (1)

Guidance on Abuse of Vulnerable Adults (Management Executive Department of
Health and Social Services 1996) (2)

Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural
Guidance (2006) (3)

Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of
Vulnerable Adult (July 2009) (4)

Appendix 1**Procedures in relation to Adult Protection**

In keeping with Safeguarding Vulnerable Adults Policy & Procedural Guidelines 2006, the Belfast Health & Social Care Trust recognises that the process of dealing with an allegation or suspicion of abuse of a Vulnerable Adult goes through a number of distinct stages.

The Regional Policy has identified these as:

- Alerting.
- Referring.
- Screening.
- Planning the investigation.
- Investigating.
- Making decisions.
- Monitoring and review.

The Belfast Trust Policy & Procedures seeks to provide staff with a clear understanding of their roles and responsibilities at each of these stages. It also recognises that it will not always be necessary to follow through all of these stages in every case.

1.1 Alerts

All Trust staff have a responsibility to be alert to the possibility of abuse and in situations where they have concerns to report this immediately to their Line Manager. This duty to report alleged, suspected or confirmed abuse is absolute.

If the allegations relate to another Trust employee, the staff member should alert their line manager. If the allegations relate to the Line Manager, the staff member should report the matter to a more Senior Manager. It should be noted that the Public Interest Disclosure (Northern Ireland) Order 1998 provides for the active safeguarding and protection of what are commonly known as 'whistle blowers'. Reference should be made to the Belfast Trust Whistle Blowing Policy 2008.

Staff who fail to report concerns regarding abuse may be in breach of their contractual obligations and could be subject to Trust Disciplinary procedures and sanctioned by their professional bodies, i.e. Nursing & Midwifery Council, Northern Ireland Social Care Council.

Concerns regarding suspected abuse by Trust staff who work in regulated facilities should also be reported to Regulation Quality Improvement Authority as outlined in RQIA Procedures for Responding to Allegations, Suspicions or Incidents of Abuse of Vulnerable Adults in Regulated Services (November 2007).

Referral to the Independent Safeguarding Authority should be considered in all cases where there are concerns that a paid staff member may be responsible for abuse of a Vulnerable Adult. If the allegation relates to a Trust member of staff, the line manager should report to their senior manager and a decision will be made regarding whether referral to the Independent Safeguarding Authority is appropriate. Reference should be made to the DHSSPS guidance on referral to Independent Safeguarding Authority, (October 2009).

Services commissioned by the Trust are required to notify the Trust of any concerns regarding alleged, suspected or confirmed abuse. In addition, commissioned services are required to meet the reporting obligations in terms of referral to the Independent Safeguarding Authority.

In case of suspected abuse, the Line Manager should check that the Vulnerable Adult's immediate needs are being met, i.e. that there is no immediate danger and if required prompt medical assistance/assessment must be sought. If the Vulnerable Adult is in immediate danger, urgent action to protect the individual should be taken.

The Line manager, along with the member of staff should determine whether the issue requires a consultation with a Designated Officer.

In situations where a consultation with Designated Officer does take place, consideration will be given to involving the vulnerable adult or carer if appropriate.

Where there is a difference of opinion between the line manager and staff member or where more guidance is required as to whether an investigation should be pursued, the Line Manager should consult with the appropriate Designated Officer. In urgent cases, in the absence of the line manager, the member of staff should not delay the reporting of the incident and should contact a senior manager to discuss their concerns by telephone or in person.

All cases of suspected, alleged or confirmed abuse should be recorded on the VA1 form by the reporting staff member in conjunction with their line manager (Appendix 3). Should the line manager make the decision that there is no further action to be taken under the Adult Protection Policy, the VA1 form should be completed and filed in the client's records. A copy of the VA1 form should be forwarded to the appropriate senior manager within four weeks of the original referral.

The appropriate Senior Manager will collate and review the VA1 forms which have been screened out under the procedures to satisfy him or herself that actions taken are appropriate. The appropriate Senior Manager will provide a crucial role in terms of identifying possible patterns or trends. In situations where two or more VA1 forms have been screened out in relation to the same client or facility, consideration will be given to whether collectively this information warrants further investigation under Adult Protection Procedures.

1.2 Referral

Each Service Group will have their own complement of Designated Officers and Investigating Officers and a central register of Designated Officers is included in Appendix 5. Each service group must ensure that staff are kept updated re changes to this Register.

Cases concerning alleged, suspected or confirmed abuse should be referred to the appropriate Designated Officer. This contact can be made by telephone in first instance and should be confirmed in writing or electronically by the referrer within 2 working days on a VA 1 form (Appendix 3). On receipt of the VA1 form the Designated Officer will acknowledge the Trust referral within two working days on a VA3 form (Appendix 3).

Each Service Group will have a system in place to respond to referrals/consultations. All initial information provided by the referrer will be recorded on a VA2 form by the relevant Designated Officer/Investigating Officer/Duty Officer (Appendix 3).

The Designated Officer in consultation with the referrer should screen/ assess available information to:

- Establish the substance of the suspected, alleged or known abuse.
- Confirm that the individual falls within the scope of the Policy.

It is also important that the person's Human Rights are considered. Unnecessary or premature initiation of a Vulnerable Adult investigation should be avoided.

It is important to consider issues of consent and capacity in order to establish the individual's ability to give meaningful consent to the abusive act or situation or to any further investigative process. DHSSPS guidance in relation to Good Practice in Consent should be followed when determining the individual's capacity and ability to consent. There will be some circumstances in which it will be necessary to override the wishes of an individual, even though they are deemed to be capable of giving meaningful consent. This occurs when:

- there is an overriding public interest or justification for doing so, i.e. a risk to a child
- a significant risk of death or serious harm to the vulnerable adult and/or others
- a serious criminal offence is suspected.

Each referral should be assessed by the Designated Officer to determine the degree of risk and level of urgency in terms of response. Certain high risk situations will require an immediate response by Trust staff.

Examples of such a situation would include responding to need for medical assistance and/or referral to PSNI. Staff should be aware of the need to preserve critical forensic evidence in certain circumstances, i.e. where there is an allegation of sexual abuse.

In all other circumstances allegations of abuse should be subject to initial screening/investigation within 3 working days.

Any incidents arising outside normal office hours in the community/hospital/ Care facility and requiring immediate intervention should be referred to the Emergency Duty Team (Out of Hours Social Work Team).

The Emergency Duty Team should give priority to the protection of the vulnerable person. They should also advise on any immediate investigative actions that are required such as referral to PSNI or preservation of forensic evidence. The EDT must also report to the appropriate Designated Officer at the earliest opportunity when offices re-open.

All cases of alleged, suspected or confirmed abuse occurring within hospital settings, including Accident & Emergency, should be referred to the line manager and, if necessary, the hospital Designated Officer (senior social worker) during office hours. The hospital Designated Officer will then liaise with the appropriate community Designated Officer to agree who will take the lead role. Alleged or suspected cases of abuse which occur within the hospital setting out of hours must be reported to the senior manager on duty within the hospital and to the Emergency Duty Team (Out of

Hours Social Work Service) (see section 1.8 for more details regarding procedural requirements in relation A&E / hospital patients)

RQIA must be notified in all situations where concerns have arisen in a regulated service or a commissioned regulated service. The RQIA's Procedure for Responding to Allegations, Suspicions or Incidents of Abuse of Vulnerable Adults in Regulated Services (Nov 2007) must be followed. This requires that RQIA are notified immediately of any alleged, suspected or confirmed incidents of abuse within any service it regulates, by the appropriate line manager and Designated Officer. RQIA Incident Reporting Procedures should be followed.

The Designated Officer will ensure that all incidents of alleged, suspected or confirmed abuse in Care facilities (Statutory sector and Independent sector) or with Care Providers (Statutory and Independent) are reported to the relevant Service Group Manager or the Trust Quality Assurance Team.

With regard to referrals concerning allegations against staff and paid carers, the Trust will consider whether Disciplinary Procedures are appropriate. It will be the responsibility of the appropriate Line Manager to determine whether Disciplinary Procedures are required. If required, this will be conducted separately from any inquiry or investigation under the Adult Protection Policy, although there may be a need for simultaneous action and for the co-ordination of sharing of information. Action may include discussion with senior management regarding the precautionary suspension/relocation of staff.

Where a criminal investigation is taking place, the Trust must take no action which might interfere with the PSNI investigation. That said, consultation with PSNI should take place to determine whether an internal investigation can be conducted. It is recognised that Disciplinary Procedures in relation to staff may not be able to be concluded until a criminal investigation has been completed.

Where appropriate, staff will be reported to the relevant Statutory and other Bodies responsible for Professional Regulation; Northern Ireland Social Care Council, Nursing & Midwifery Council etc by the appropriate line manager.

Referrals to the Independent Safeguarding Authority must be considered in all cases where there are concerns that a paid staff member may be responsible for abuse of a Vulnerable Adult. DHSSPS guidance regarding referral criteria should be followed. If referral is deemed necessary, the relevant staff member's line manager should make this referral. Line Managers considering referral to the Independent Safeguarding Authority should follow service group arrangements regarding whether a Senior Manager and/or Human Resources should be consulted. This reporting requirement is applicable to both Trust services and all other services commissioned by the Trust.

1.3 Screening

The Designated Officer will make an initial judgement based on referral information regarding whether further investigation is appropriate. In some situations it may be evident from the outset that a full investigation is appropriate. In other situations a further screening may be required.

Where appropriate, the Designated Officer will allocate the referral to an Investigating Officer. The Investigating Officer will take the lead role in carrying out the investigation, as directed by the Designated Officer.

Possible outcomes of screening may be that:

- No further action is required.
- No further action under Adult Protection procedures is required but referral on for an appropriate assessment is required, e.g. for new or increased services, Carer's Assessment.
- Further screening under Adult Protection procedures is required.
- Full investigation under the Adult Protection Procedures is required.
- The Designated Officer will consider whether the Protocol for Joint Investigation of Alleged and Suspected Abuse of Vulnerable Adults is Relevant and refer to PSNI if appropriate.

Where there is a decision not to proceed, the Investigating Officer should consult with the Designated Officer. If the Designated Officer is satisfied with the Investigating Officer's assessment, the VA4 form will be signed by the Designated Officer and forwarded to the appropriate Senior Manager.

The appropriate Senior Manager will collate and review information received.

In all cases of alleged, suspected or confirmed abuse, the key priority will be to protect the vulnerable adult from further abuse. The protection planning should begin as soon as an allegation of abuse is made and will be a key consideration for the Designated Officer and the Investigating Officer at all stages in the investigation process.

1.4 Planning the Investigation

At the point of referral a Strategy Discussion will take place to ensure an early exchange of information and to clarify whether there is a need for any immediate action to be taken. The Strategy Discussion may take place by telephone but in particularly complex referrals, there may be a need for a Strategy Discussion meeting. Strategy Discussion via telephone should take place within one working day of referral to the Designated Officer, unless good practice dictates otherwise. A comprehensive record of the Strategy Discussion should be recorded on a VA4 if the discussion takes place by telephone or via minutes of meeting.

If as a result of information received at referral or from the Strategy Discussion, significant concerns emerge regarding very serious risk of harm or homicide from domestic violence, the Designated Officer should consider whether referral to the Multi Agency Risk Assessment Conference (MARAC) might be appropriate.

Multi-Agency Risk Assessment Conference (MARAC)

It should be noted that the main aim of the MARAC is to reduce the risk of serious harm by providing a forum for a co-ordinated Multi-Agency response to Protection Planning for the victims of domestic violence.

Each Service Group will have appointed a named MARAC Representative and all cases being considered under MARAC should be discussed and agreed with the Service Group MARAC Representative to establish whether the criteria for referral is met.

A specific Risk Identification checklist (CAADA) can be helpful when determining whether a referral to MARAC is appropriate but the professional judgement of the Designated Officer is of primary importance and may trigger a MARAC referral.

If a referral is considered appropriate, a MARAC referral form should be completed and forwarded to the service specific MARAC Representative and also the nominated PSNI MARAC Representative.

It must be stressed that MARAC offers an additional mechanism/forum to look at protection arrangements for a small number of vulnerable adults at very serious risk of harm but does not replace the need for protection and investigation under Adult Protection Procedures. In Adult Protection cases where a MARAC referral is deemed to be appropriate, MARAC will be used to enhance the protection planning process.

Following the Strategy Discussion and depending on the decisions made, the investigation may proceed through a single agency investigation, joint investigation with PSNI or joint investigation with other agencies.

- (a) Single Agency Investigations.
These are investigations where intervention rests solely with one agency, e.g. Trust, PSNI.
- (b) Joint Investigations with the Police. A detailed consideration of the need for a joint investigation with the PSNI will be triggered when there is an allegation or suspicion that one of the following criminal offences has been committed against a Vulnerable Adult:
 - A sexual offence committed against a Vulnerable Adult. Allegations or suspected sexual abuse .
 - Physical abuse or ill-treatment amounting to a criminal offence.
 - Financial abuse involving a criminal offence such as fraud or theft.
 - Abuse which involves a criminal offence; e.g. blackmail.

Where a decision to proceed to joint investigation is taken, the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults 2009 must be followed. Under this Protocol the Designated Officer should decide whether the grounds for Joint Agency Consultation are met. The Designated Officer should, if they suspect a crime has been committed, contact PSNI within 24 hours. As the referrer, the Designated Officer has a responsibility to complete the AJP1 form (Appendix 3), which is a record of the Joint Agency Consultation. The Designated Officer must send the original AJP1 to the PSNI and retain a copy on the client file.

Allegations should be reported to either the PSNI Rape Crime Unit or to the relevant PSNI Public Protection Unit..

Allegations should be reported to the appropriate PSNI Crime Unit.

In instances of abuse that constitute a criminal offence and where there is a decision that the Trust and PSNI will jointly investigate the incident, it must be remembered that only staff trained as Specialist Interviewers should conduct Achieving Best Evidence interviews.

- (c) Joint Investigations with Other Agencies. These are investigations

which involve more than one agency or organisation but which lie outside the 'Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults', e.g. Joint Investigations between Trust and Care Provider (*see section 1.9*).

Where the Vulnerable Adult receives a service from a registered establishment or agency (statutory, private and independent sector), the manager of the registered facility has a responsibility to inform RQIA of any ongoing investigation. The Designated Officer must also refer the matter immediately to the appropriate Inspector within RQIA, in keeping with RQIA Reporting Procedures.

Where care is being purchased by the BHSCT outside of the Trust area, the Care Provider must notify the relevant BHSCT staff of any allegations or suspicions of abuse and they in turn must notify the relevant Trust Designated Officer. The Care Provider must also notify their local Designated Officer. Close communication and co-ordination should take place between the relevant Designated Officer within the Belfast Trust (Commissioning Trust) and the relevant Designated Officer in the host Trust. The Belfast Trust, as the Commissioning Trust, will take the lead role in relation to their individual client, however if there is a wider protection issue the host Trust will take the lead role and involve the commissioning Trust as part of this process.

Where care is being purchased within the BHSCT by another Trust and an individual case of suspected, alleged or confirmed abuse occurs, the commissioning Trust will be responsible for investigation and protection planning in relation to their client. In cases where a wider protection issue has been identified, the host Trust will take the lead role in terms of co-ordination and overall management of the investigation.

The relevant Designated Officer will work in partnership with the relevant Care Provider to ensure that a full investigation is carried out and that Adult Protection Policy & Procedures are adhered to (*see section 1.9 for more details regarding joint investigation between Trust and other agencies / providers*).

1.5 Investigation

The Investigating Officer will take the lead role in carrying out the investigation and must keep the Designated Officer fully informed throughout the investigation process.

The Investigating Officer should ensure that the alleged victim is interviewed if appropriate and is fully involved in all decisions at all stages in the investigation process. In situations where this is not possible, i.e. significant cognitive impairment or severe learning disability, a carer, family member or advocate should be involved if appropriate. Interviews with the alleged victim and significant others should be recorded on VA5 forms (Appendix 3).

Careful consideration should be given to whether an alleged perpetrator will be interviewed. Staff should be mindful of the potential for aggression or violence. The Belfast Trust Policy 'A Zero Tolerance Approach to the Prevention and Management of Violence and Aggression in the Workplace 2008' is applicable. In certain circumstances to ensure the protection of staff, a range of measures will be looked at, i.e. two staff members being involved in interviews, venue of interviews, etc.

The Investigating Officer is required to carry out a Risk Assessment as part of the investigation and must complete a VA6 form (Appendix 3) or a Risk Assessment form which has been approved by their Service Group as suitable for Adult Protection Risk Assessment purposes.

In situations where the alleged perpetrator is also a vulnerable adult, referral on to another programme of care may be appropriate. If the alleged perpetrator is already known to another programme of care, close communication and co-ordination should take place to ensure that the needs of both clients are fully met.

1.6 Making Decisions

Case Conference / Case Discussions

A Case Discussion/Case Conference should be convened where appropriate and chaired by the Designated Officer as soon as possible and no later than 14 working days after the completion of the investigation. The purpose of the meeting is to identify risks and the actions necessary to manage these risks. Any interim protection plan should be reviewed and an appropriate protection plan must be agreed at this meeting.

A Minute of the Case Conference/Case Discussion should be taken. A VA7 form (Appendix 3) should be completed.

1.7 Care & Protection Planning / Monitoring / Review

The Vulnerable Adult should be fully involved in the drawing up of the care plan and where this is not possible a family member, carer or advocate should be involved if appropriate.

Consideration of whether the abuse constitutes a very serious risk of harm due to domestic violence should be kept under close review and referral to MARAC should take place if at any stage the investigation indicates that the MARAC criteria for referral is met.

The Designated Officer must ensure circulation of the care plan to the Vulnerable Adult, carer (if appropriate) and relevant others within three working days. The Trust VA7 (Appendix 3) care plan should be used.

In cases deemed to be of continued high risk, the situation should be closely monitored and the care plan reviewed within by the Investigating Officer and Designated Officer within 24 hours, or as required. The VA7 form should be updated to evidence this process (Appendix 3)

In all other cases the care plan should be reviewed with the vulnerable adult an/or relevant others within 10 days of implementation by the Investigating Officer. A VA7 form should be completed. t/

Care plan should then be reviewed at three-monthly intervals (minimum) by the Investigating Officer. If there are significant concerns, the Designated Officer may formally review the Care Plan as part of a Case Conference. A VA8 form (Appendix 3) must be completed as a Minute of the Case Review meeting and a VA7 Care Plan. H

Decisions regarding transfer or closure of a case under the Adult Protection Procedures must be made in consultation with the vulnerable adult if appropriate and all relevant others. A VA9 form should be completed to evidence this process (Appendix 3)

1.8 Accident & Emergency / Hospital In-patients

- All hospital staff (doctors, nurses, radiographer, cleaners, etc.) should be alert to the possibility of abuse of Vulnerable Adults.
- Any concerns staff have should be reported immediately to their line manager, i.e. Ward Sister, Consultant, etc. Staff's obligation to report alleged, suspected or confirmed abuse is absolute and staff who fail to report concerns regarding abuse may be in breach of their contractual obligations and could be subject to Trust disciplinary procedures and sanctioned by their professional body, such as Nursing & Midwifery or NISCC.
- The Line Manager/Ward Manager, in consultation with the member of staff, will decide what actions need to be taken.
- It is recommended that the Line Manager/Ward Manager consults with the hospital Designated Officer/Senior Social Worker if they are in any doubt as to whether an issue falls within the scope of the Adult Protection Policy.
- It is recognised that these consultations will mainly be by phone, except in very complex cases where a strategy meeting may be required.
- The hospital Designated Officer should record all information provided via telephone referrals on a VA2 form (Appendix 3).
- The hospital Designated Officer will review available information in conjunction with the referrer and will make the decision as to whether further investigation under the Adult Protection Policy is required.
- Not all consultations with the hospital Designated Officer will result in an investigation but in situations where concerns have been raised, the referrer should complete a VA1 form (Appendix 3) and forward this to the Designated Officer within two working days of referral. On receipt of a referral the Designated Officer will acknowledge the referral in writing within two working days on a VA3.
- In all cases of alleged, suspected or confirmed abuse when a crime is suspected the Designated Officer will consult with the relevant Police Liaison Officer. Through the Joint Agency Consultation Process a decision will be made as to who is best placed to take forward a Vulnerable Adult investigation.
- The Protocol for Joint Investigating of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) must be strictly adhered to.
- In situations where the Trust are conducting the investigation and the abuse relates to an incident occurring within a hospital setting, the hospital Designated Officer will take the lead role. In all other cases the hospital Designated Officer will immediately link with the Community Designated Officer and consideration will be given to who is best placed to take on the management responsibility for the investigation.

See sections 9.2 to 9.7 for roles and responsibilities of Designated Officer and Investigating Officer,

If the allegation relates to a Vulnerable Adult who is resident in a regulated Care facility (Residential, Nursing, EMI, Statutory, Voluntary), the hospital Designated Officer should notify the host Trust and if necessary the commissioning Trust, Care Home and RQIA of the allegation. RQIA procedures must be followed.

Where the concern or allegation relates to a Vulnerable Adult known to Mental Health Service or Learning Disability Programme of Care, the hospital Designated Officer should inform RQIA when an investigation is initiated and also of the eventual outcome.

Appropriate Care & Protection arrangements must be in place before discharge of the patient to the community.

Immediate Concerns

If there is an immediate concern for the safety and well being of a patient because of an incident which has occurred on the hospital site, the Line Manager/Ward Manager should immediately:

1. Ensure that the patient is in no imminent danger and that he/she is protected from harm and his/her needs are being met, i.e. Security and/or PSNI maybe required.
2. Refer to the hospital Designated Officer, who will then take the lead role in terms of managing the investigation.
3. Inform the appropriate Assistant Service Manager/Senior Manager.

The Designated Officer, in consultation with the Assistant Service Manager/Senior Manager, will decide whether PSNI need to be contacted.

If there is an immediate concern for the safety and well being of a patient **outside of office hours**, the Ward Manager or senior member of staff on duty should immediately:

1. Ensure patient's immediate protection.
 2. Seek guidance and direction from senior manager on site (Patient Flow co-ordinator).
- The Patient Flow Co-ordinator, as the senior manager on site, should assess available information and determined whether he/she is competent to deal with the issue or needs to refer this on to a more senior manager.
 - The senior manager on site/Senior Manager on call should assess available information and determine whether the situation falls under the Adult Protection Policy & Procedure. If there is any concern or doubt regarding whether the incident falls under the remit of the procedures, a consultation via telephone with the Emergency Duty Team's Designated Officer should take place.
 - The patient's health, safety and well being are key priorities and responsibility for this rests clearly with hospital staff.
 - The Emergency Duty Team's role in such cases will be to provide access to a Designated Officer who will support and assist the senior manager on duty.

- The Emergency Duty Team's Designated Officer's role and responsibility is as outlined in section 1.2 to 1.7. That said, it is recognised that as an Out-of-Hours Service, only priority issues will be addressed, i.e.: consideration must be given to whether PSNI need to be involved. If a crime is suspected there should be no delay in reporting concerns to PSNI. It should be remembered that vulnerable adults may require assistance when being interviewed by the Police. The Emergency Duty Team will facilitate access to a Specialist Interviewer if PSNI wish to conduct an interview.
- All Adult Protection cases arising out of hours must be reported to the relevant Designated Officer as soon as possible. In most situations it is anticipated that the relevant Designated Officer will then take responsibility for carrying forward the Adult Protection work.

1.9 Joint Investigations between Trust and other Agencies /Care Providers

- Care Providers are required to be alert to the possibility of alleged, suspected or confirmed abuse of vulnerable adults and to report concerns immediately to their Line Manager.
- All concerns must be brought to the attention of the Registered Manager. The Registered Manager must report all concerns regarding alleged, suspected or confirmed abuse to RQIA, in keeping with RQIA reporting procedures.
- The Registered Manager/Line Manager should report any concerns either directly to the relevant Designated Officer or to the staff member within the Trust who commissioned the service.
- Where concerns are reported to a staff member within the Trust, available information should be assessed to determine whether a referral to the relevant Trust Designated Officer is appropriate.
- A consultation with the Designated Officer should take place if there is any doubt regarding whether a referral is appropriate, or where there is a difference of opinion regarding referral.
- The Designated Officer will screen available information and determine whether an investigation under Adult Protection Procedures is required. The Designated Officer should record referral information, along with the Screening Outcome, on a VA2 form (Appendix 3)
- The Designated Officer has overall responsibility for ensuring that a full investigation is carried out and that an appropriate Protection Plan is in place.
- The relevant Designated Officer will work in partnership with the relevant Care Provider to ensure that a full investigation is carried out and that an appropriate Protection Plan is in place.
- The Care Provider must ensure the protection of the vulnerable adult and consider whether there are risks to any other vulnerable adults. The Care

Provider must discuss and agree the interim protection plan with the Designated Officer on the same day as the referral.

- If the Designated Officer has concerns regarding the interim protection plan, the Care Provider should revisit this plan and put forward alternative proposals.
- In the unlikely event that the Designated Officer and Care Provider cannot agree on the interim protection plan, a same-day consultation with RQIA should take place.
- The Designated Officer will appoint an Investigating Officer.
- The Designated Officer will co-ordinate the Strategy Discussion/Meeting and agree roles and responsibilities within the investigation. A VA4 Strategy Discussion form should be completed (Appendix 3)
- In relation to allegations of abuse by a staff member, the Registered manager must consider whether referral to the Independent Safeguarding Authority is appropriate.
- If required, it is the responsibility of the Registered Manager/Care Provider to make the referral to the Independent Safeguarding Authority. Copies of the Independent Safeguarding Authority report should be forwarded to the relevant Designated Officer.
- Consideration should also be given to whether referral to the staff member's professional body is appropriate, i.e. NISCC. Responsibility for this rests with the Employer/Care Provider.
- Depending on the nature and seriousness of the allegation, the Designated Officer may need to involve the PSNI and consideration will be given to whether the Protocol for Joint Investigation of Alleged, Suspected cases of Abuse of Vulnerable Adults (2009) is applicable.
- As a minimum all investigations should involve interviews with the Vulnerable Adult and alleged perpetrator. In situations where a crime is suspected, a consultation.
- The standard investigation will include the Investigating Officer interviewing the vulnerable adult and the Care Provider interviewing the staff member against whom the allegation has been made.
- Depending on the complexity of the allegation, wider screening interviews of other service users by the Investigating Officer and interviews of other staff by Care Providers may need to take place.
- In exceptional circumstances, the Designated Officer may consider that the Trust should conduct the full investigation, which would include interviews with staff, i.e. institutional abuse where the Agency cannot provide an independent investigator.
- Both the Investigating Officer and the Registered Manager/Care Provider will be required to provide reports regarding the outcome of their investigation.

- The Designated Officer will convene a Case Discussion/Discussions as required and the final outcome of the investigation will be discussed and agreed at this meeting. The Designated Officer will record decisions made on a VA7 form (Appendix 3). The protection plan will be reviewed and decisions made regarding ongoing monitoring and review.

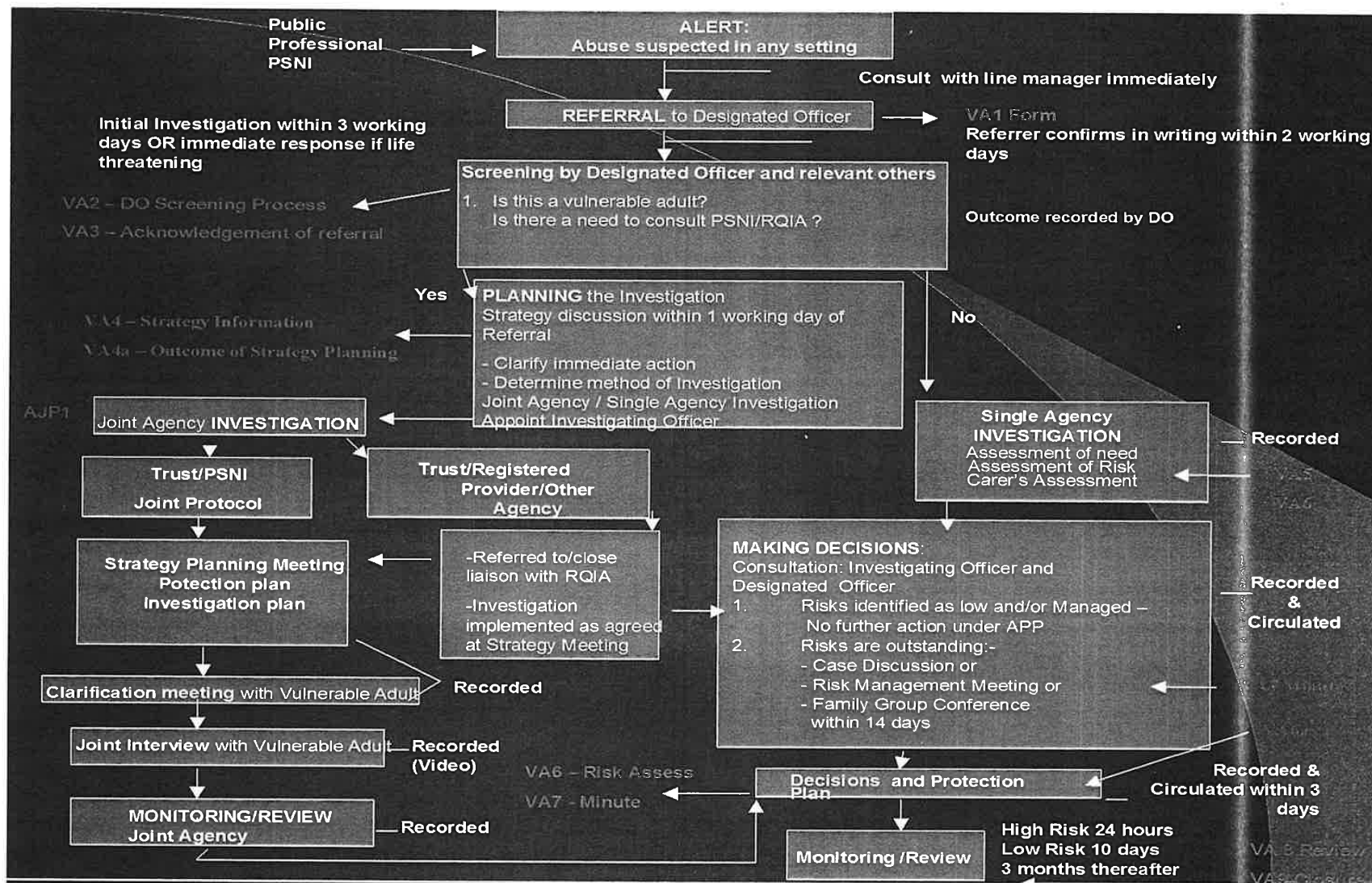
1.10 Direct Payments

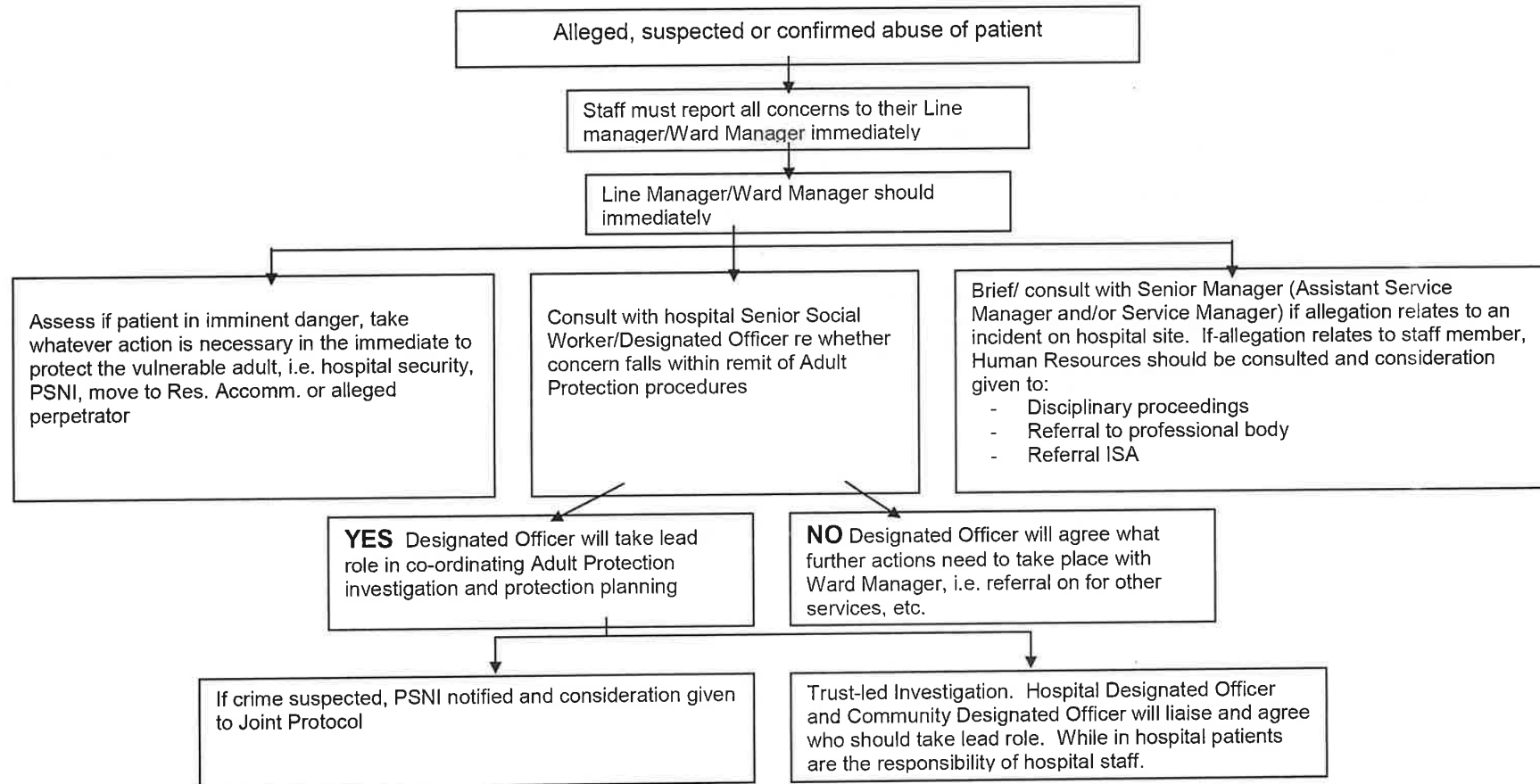
Where a Direct Payment is in place, clients and their carers should be made aware of the arrangements for the management of adult protection in their area. Such service users should receive the same level of support and protection as any other vulnerable adult if abuse occurs. Any concerns should be reported in the first instance to the Trust representative, i.e. Care Manager, Social Worker, who in turn will link with the relevant service group to initiate Adult Protection procedures.

APPENDICES

Overview of Adult Protection Procedure

Appendix 2.1



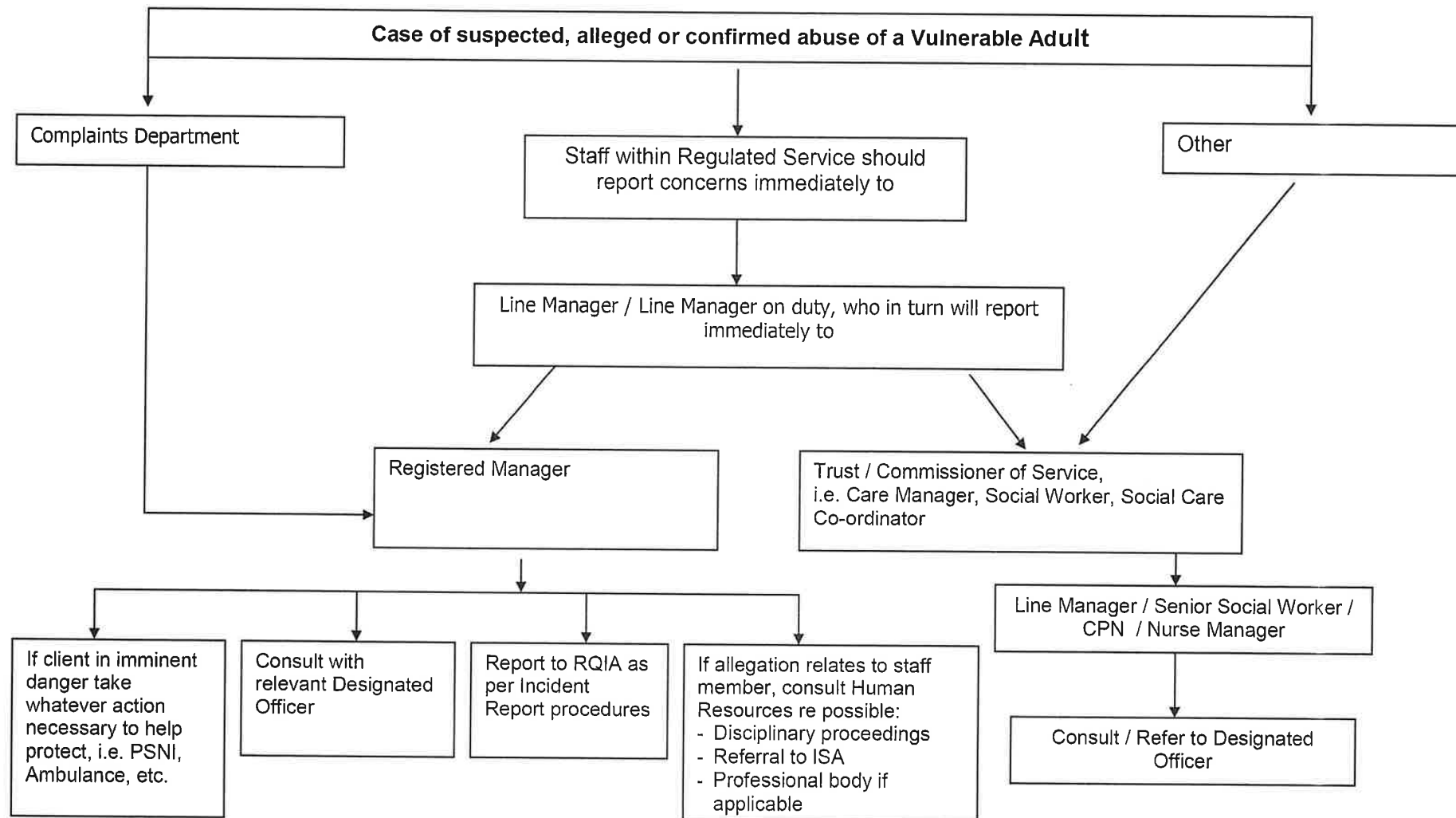
HOSPITAL SETTINGReporting Procedures for Responding to Vulnerable Adult Abuse ConcernsOut of Office Hours

* Designated Officer is contactable via Emergency Duty Team – tel: 9056 5444

* Senior Manager on site and/or Senior Manager on-call to be notified if incident relates directly to incident occurring in hospital setting

REPORTING PROCEDURES RE TRUST REGULATED SERVICES

(Residential, Domiciliary, Day Care Services)



BELFAST HEALTH & SOCIAL CARE TRUST

RECORDING DOCUMENTATION IN RELATION TO ADULT
PROTECTION PROCEDURES

VA1	Alert / Referral
VA2	Designated Officer Screening Process
VA3	Acknowledgement of Referral under Protection of Vulnerable Adults Policy & Procedures

Planning the investigation

VA4	Initial Information Gathering – Strategy Information
VA4a	Outcome of Strategy Planning

Investigation Process

VA5	Significant Interview / Event Report – Investigation Process
VA6	Investigating Report / Assessment of Risk
VA6a	Protection Plan

Making Decisions

VA7	Minutes of Strategy Meeting / Case Discussion / Review
VA8	Review of Care / Protection Plan
VA9	Closure / Transfer Summary

BELFAST HEALTH AND SOCIAL CARE TRUST

PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE AND EXPLOITATION

ALERT / REFERRAL

*** THIS FORM IS FOR INFORMATION KNOWN BEFORE AN INVESTIGATION COMMENCES. DO NOT ASK SERVICE USER INVESTIGATIVE QUESTIONS IN ORDER TO COMPLETE THIS FORM ***
(SECTION 1 & 2 TO BE COMPLETED BY REFERRER) SHOULD BE COMPLETED WITHIN 2 WORKING DAYS OF INITIAL REFERRAL

SECTION ONE: BACKGROUND INFORMATION		
NAME: ADDRESS: CURRENT LOCATION:	NOK CONTACT DETAILS:	DATE OF BIRTH: GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
TELEPHONE NO:	COMPUTER NUMBER:	GP: ADDRESS: TEL. NO:
OTHER PROFESSIONALS INVOLVED:		
ETHNIC ORIGIN (PLEASE TICK APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> WHITE</div> <div style="width: 25%;"><input type="checkbox"/> CHINESE</div> <div style="width: 25%;"><input type="checkbox"/> BLACK</div> <div style="width: 25%;"><input type="checkbox"/> INDIAN</div> <div style="width: 25%;"><input type="checkbox"/> TRAVELLER</div> <div style="width: 25%;"><input type="checkbox"/> UNKNOWN</div> <div style="width: 25%;"><input type="checkbox"/> REFUSED</div> <div style="width: 25%;"><input type="checkbox"/> NOT COMPLETED</div> <div style="width: 25%;"><input type="checkbox"/> OTHER (PLEASE SPECIFY)</div> </div>		
SERVICE GROUP (PLEASE TICK APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> OLDER PEOPLE HEALTH</div> <div style="width: 25%;"><input type="checkbox"/> LEARNING DISABILITY</div> <div style="width: 25%;"><input type="checkbox"/> PHYSICAL DISABILITY</div> <div style="width: 25%;"><input type="checkbox"/> MENTAL</div> <div style="width: 25%;"><input type="checkbox"/> SENSORY DISABILITY</div> <div style="width: 25%;"><input type="checkbox"/> OTHER (PLEASE SPECIFY)</div> </div>		
IS THE ADULT SUBJECT TO ANY LEGAL/STATUTORY STATUS ? YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/>		
IF YES, PLEASE SPECIFY: <div style="border-bottom: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		
SECTION TWO: INFORMATION ON THE SUSPECTED OR CONFIRMED ABUSE		
WHO WAS THE FIRST PERSON TO NOTE THE CONCERN?		
NAME: _____	DATE: _____	
CONTACT NO: _____		
DOES THIS PERSON WANT TO REMAIN ANONYMOUS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF SO, WHY? <div style="border-bottom: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		
WHERE DID THE SUSPECTED, ADMITTED OR KNOWN ABUSE OCCUR? (SPECIFY LOCATION) <div style="border-bottom: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		

<input type="checkbox"/> PERSONS HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME / RESIDENTIAL HOME <input type="checkbox"/> COMMUNITY <input type="checkbox"/> DAY CARE FACILITY (SPECIFY) _____ <input type="checkbox"/> SUPPORTED LIVING FACILITY (SPECIFY) _____ <input type="checkbox"/> OTHER		
--	--	--

VA1		
NAME AND ADDRESS OF THE PERSON ALLEGEDLY RESPONSIBLE FOR THE SUSPECTED OR KNOWN ABUSE.		
NAME:	ADDRESS:	DATE OF BIRTH: IF NOT KNOWN, PLEASE GIVE APPROXIMATE AGE:
	TELEPHONE NO:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
RELATIONSHIP TO THE SERVICE USER: (PLEASE TICK APPROPRIATE BOX)		
<input type="checkbox"/> PARTNER <input type="checkbox"/> FAMILY MEMBER (SPECIFY) _____ <input type="checkbox"/> NOT KNOWN TO CLIENT <input type="checkbox"/> TRUST PROVIDER SERVICE <input type="checkbox"/> TRUST STAFF <input type="checkbox"/> OTHER SERVICE USER <input type="checkbox"/> AGENCY STAFF <input type="checkbox"/> OTHER (SPECIFY) _____		
IS THE PERSON WHO IS ALLEGEDLY RESPONSIBLE? A VULNERABLE ADULT YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/> IN RECEIPT OF SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/> A CHILD YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/> IF YES, HAS A UNOCINI BEEN COMPLETED? YES <input type="checkbox"/> NO <input type="checkbox"/> HAS THE GATEWAY BEEN CONTACTED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE THERE OTHER VULNERABLE ADULTS / CHILDREN AT RISK OF ABUSE IN THIS SITUATION? YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/> IF YES, NOTE THEIR NAMES AND WHO THE REFERRAL WAS MADE TO		
NAME _____ REFERRED TO _____ DATE _____ NAME _____ REFERRED TO _____ DATE _____		
WHAT IS THE MAIN FORM OF SUSPECTED, ADMITTED OR KNOWN ABUSE? (Place an 'X' in the box of the abuse that triggered the alert and tick all other abuse that is also relevant to this case)		
<input type="checkbox"/> PHYSICAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> PSYCHOLOGICAL/EMOTIONAL <input type="checkbox"/> FINANCIAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> INSTITUTIONAL ABUSE <input type="checkbox"/> DISCRIMINATION <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____		
PLEASE GIVE EXACT DETAILS OF WHAT HAS BEEN REPORTED AND IF APPROPRIATE, NOTE INJURIES ON THE ATTACHED BODY CHART.		
HAVE THERE BEEN PREVIOUS CONCERNS OR EVIDENCE OF ABUSE TO YOUR KNOWLEDGE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/> IF YES, WHAT WAS THE NATURE OF THE CONCERN AND THE OUTCOME.		

NAME OF LINE MANAGER NOTIFIED: _____ DATE: _____ IF THE LINE MANAGER / DESIGNATED OFFICER IS NOT IMMEDIATELY AVAILABLE AND IT IS AN EMERGENCY, CONTACT THE NEXT SENIOR MANAGER OR THE EMERGENCY DUTY TEAM (90565444)	
WHAT ARE THE SERVICE USERS VIEWS? (NOTE WHETHER THE PERSON VIEWS THE SITUATION AS ABUSIVE AND HOW THEY WANT THE TRUST TO RESPOND)	
VA1 IS THE SERVICE USER AWARE THAT AN INVESTIGATION MAY NOW TAKE PLACE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/>	
CAN THE PERSON UNDERSTAND THE INFORMATION OR GIVE CONSENT TO AN INVESTIGATION? YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/>	
HAVE THEY GIVEN CONSENT FOR YOU TO CONTACT RELEVANT OTHERS? YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <input type="checkbox"/> (IF CONSENT IS NOT AGREED CONSULT WITH LINE MANAGER/DESIGNATED OFFICER)	
NOTE THE NAMES AND VIEWS OF OTHERS YOU HAVE CONSULTED, ANY ACTION TAKEN AND THE OUTCOME (PLEASE NOTE ANY DIFFERENCES IN OPINION OR IF MORE GUIDANCE / INFORMATION IS REQUIRED)	
SIGNATURE: _____ DATE: _____	
SECTION THREE: OUTCOME OF INITIAL SCREENING (TO BE COMPLETED WITH LINE MANAGER / DESIGNATED OFFICER)	
DECISION TAKEN BY LINE MANAGER / MEMBER OF STAFF: REFERRAL TO DESIGNATED OFFICER <input type="checkbox"/> NAME _____ ADDRESS _____ TEL. NO. _____	
<u>(TWO OR MORE VA1 RECORDS THAT HAVE NOT PROCEEDED TO INVESTIGATION MAY INDICATE A NEED FOR A CASE DISCUSSION AT LOCAL LEVEL OR REFERRAL TO DESIGNATED OFFICER).</u>	
<u>ARE OTHER IMMEDIATE ACTIONS REQUIRED</u>	
FURTHER ASSESSMENT REQUIRED	YES <input type="checkbox"/> NO <input type="checkbox"/>
NOTIFY QUALITY MONITORING OFFICER	YES <input type="checkbox"/> NO <input type="checkbox"/>
PSNI CONTACT	YES <input type="checkbox"/> NO <input type="checkbox"/>
PROFESSIONAL BODIES INFORMED	YES <input type="checkbox"/> NO <input type="checkbox"/>
IMMEDIATE PROTECTION PLAN IMPLEMENTED	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER TRUSTS INFORMED	YES <input type="checkbox"/> NO <input type="checkbox"/>
NOTIFY RQIA	YES <input type="checkbox"/> NO <input type="checkbox"/> SPECIFY WHO _____
NO FURTHER ACTION UNDER SVA POLICY <input type="checkbox"/> STATE REASON _____	

<u>SIGNATURE</u>	<u>DATE</u>
<u>SIGNATURE OF LINE MANAGER</u>	<u>DATE</u>

Referral to the Designated Officer:

Forward the VA1 to the Designated Officer within two working days.

Referral to Other Agency or Department:

Forward the VA1 or other appropriate report

No referral:

File VA1 on the persons file and notify the central data base.

VA2

BELFAST HEALTH AND SOCIAL CARE TRUST

PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE AND
EXPLOITATION

DESIGNATED OFFICER SCREENING PROCESS

FULL NAME:	DATE OF REFERRAL:
ADDRESS:	N.O.K: ADDRESS:
TEL. NO:	TEL. NO:
D.O.B	
SERVICE GROUP: PHY DIS	COMPUTER NUMBER:
Is the service user a vulnerable adult as defined by the safeguarding vulnerable adults policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	

1A DETAILS OF REFERRER (the person who brings the concerns to the attention of your agency)			
Name:		Relationship to service user:	
Job title and agency:			
Contact number:			
If the referrer wishes to remain anonymous, please tick here			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has it been explained that anonymity may limit the investigation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the service user aware that the report is being made?			Yes <input type="checkbox"/> No <input type="checkbox"/>

	Name	Address & Tel. No.
Key Worker		
Care Manager		
G.P		
Other		
FAMILY/CARER		
SIGNIFICANT OTHER		

2.A PLEASE STATE THE NATURE OF THE ALLEGED ABUSE			
PHYSICAL <input type="checkbox"/>	SEXUAL <input type="checkbox"/>	INSTITUTIONAL ABUSE <input type="checkbox"/>	
FINANCIAL <input type="checkbox"/>	NEGLECT <input type="checkbox"/>	PSYCHOLOGICAL <input type="checkbox"/>	
DISCRIMINATION <input type="checkbox"/>	OTHER <input type="checkbox"/>		

VA2

2.B INCIDENT REPORT	
Please provide us with a description of the alleged abuse	
Background information:	
INCIDENT REPORT – LOCATION / DATE / TIME OF INCIDENT	

2.C THE SERVICE USER'S USUAL LIVING ARRANGEMENTS	
Does service user live alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does alleged abuser live with service user?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is service users present location different from home address?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. HAVE YOU TAKEN ANY ACTION DUE TO EMERGENCY SITUATION TO AVOID IMMEDIATE SERIOUS RISK?	
Was immediate protection needed for Service User:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Detail:.	
Was immediate protection taken for others in the vicinity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Detail:	

VA2

4. SERVICE USER'S KNOWLEDGE OF REFERRAL	
Does person know that a referral has been made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

5. DETAILS OF ALLEGED PERPETRATOR		
Name:		
Address:	Date of birth:	
	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Postcode	
Does the alleged perpetrator know that an allegation has been made against them?		Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is alleged perpetrator known to service user?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify:		
Family member <input type="checkbox"/>	Another service user <input type="checkbox"/>	Paid carer <input type="checkbox"/>
Trust employee <input type="checkbox"/>	Other <input type="checkbox"/>	

ANY ADDITIONAL INFORMATION RELEVANT TO THE REFERRAL

AGREED ACTION	
FURTHER SCREENING REQUIRED BY REFERRER	<input type="checkbox"/>
ALLOCATE TO INVESTIGATING OFFICER FOR SCENING/INVESTIGATION	<input type="checkbox"/>
NO FURTHER ACTION UNDER SVA POLICY	<input type="checkbox"/>
<u>Please state reasons</u>	
OTHER	<input type="checkbox"/>
<u>Please state reasons</u>	
ALLOCATE TO:	
NAME:	DATE:

REFERRAL TAKEN BY:	
NAME:	DATE:
SIGNATURE OF DESIGNATED OFFICER:	DATE:

BODY MAP

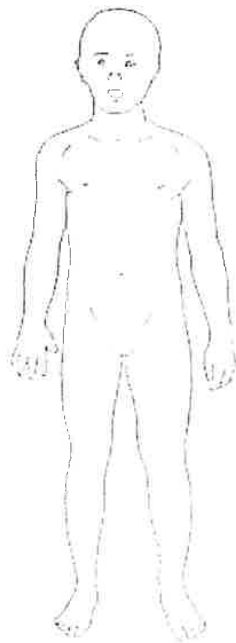
Name of vulnerable person

Name of person completing this form

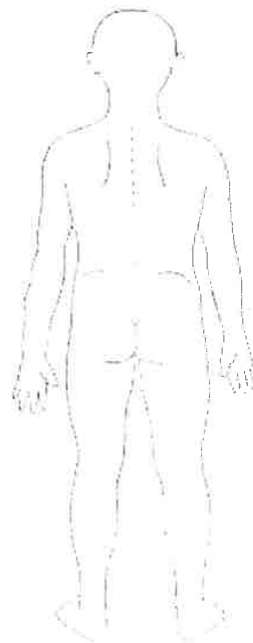
These diagrams are designed to help you record any visible signs of harm or injury. Shade and label any bruises, cuts, burns, and so on. Label any parts of the body where any internal injuries have been identified as a result of a medical examination. If injuries are evident in soft-tissue parts of the body, such as the neck, under-arms, stomach, genitals or inner thighs, these are unlikely to have occurred as a result of a fall or accident.

Do not worry if this information is not available at this stage, it can be documented as part of the investigation, if that is more appropriate.

Front



Back



Face



BELFAST HEALTH & SOCIAL CARE TRUST**ACKNOWLEDGEMENT OF REFERRAL UNDER PROTECTION OF VULNERABLE
ADULTS POLICY AND PROCEDURES****To be completed by the Designated Officer and returned to referrer within 2 days**

NAME:	ADDRESS:	DATE OF BIRTH:
	TELEPHONE NO:	IF NOT KNOWN, PLEASE GIVE APPROXIMATE AGE:
COMPUTER NO:	PRESENT LOCATION OF SERVICE USER:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
OUTCOME		
PLEASE TICK ONE OR MORE OF THE FOLLOWING:		
(1) INVESTIGATION UNDER THE SAFEGUARDING OF VULNERABLE ADULTS POLICY IS APPROPRIATE YES <input type="checkbox"/> NO <input type="checkbox"/>		
(2) REPORTED TO PSNI (AJP1 TO BE COMPLETED) YES <input type="checkbox"/> DATE _____ NO <input type="checkbox"/>		
(3) RQIA NOTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME OF DESIGNATED OFFICER _____		
CONTACT TELEPHONE NUMBER _____		
NAME OF INVESTIGATING OFFICER _____		
CONTACT TELEPHONE NUMBER _____		
ADDRESS _____ _____ _____		
Additional notes if necessary 		
SIGNATURE OF DESIGNATED OFFICER		DATE

VA4

BELFAST HEALTH & SOCIAL CARE TRUST**PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE
AND EXPLOITATION****INITIAL INFORMATION GATHERING
PLANNING THE INVESTIGATION – STRATEGY INFORMATION**

Please specify whether telephone or meeting or combination of both
 (If discussion includes consultation with P.S.N.I under the Protocol for Joint Investigation please
 complete A.J.P.1)

CLIENT NAME:		CLIENT ADDRESS:	
COMPUTER NO:			
TYPE	NAME OF WORKER	PURPOSE _____	
TYPE	NAME OF WORKER	PURPOSE _____	DATE

			DATE

VA4a

BELFAST HEALTH & SOCIAL CARE TRUST

PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM
ABUSE AND EXPLOITATION

OUTCOME OF STRATEGY PLANNING

To be completed by the Designated Officer on receipt of referral

NAME:	ADDRESS:	DATE OF BIRTH: If not known, please give approximate age
	BT	
COMPUTER NO:	TELEPHONE NO:	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>
IS IMMEDIATE ACTION REQUIRED TO PROTECT THE VULNERABLE ADULT? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> N/K <input type="checkbox"/> DETAIL:		
URGENT MEDICAL ATTENTION REQUIRED POLICE CONTACTED TO PRESERVE POSSIBLE FORENSIC ADDITIONAL CARE RESOURCES OR STAFF PROVIDED VULNERABLE ADULT REQUIRING PLACE OF SAFETY, OR RESPITE CARE REMOVAL OF PERSON ALLEGEDLY RESPONSIBLE OTHER (please specify)		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTIFICATIONS/REFERRALS

DO PSNI NEED TO BE CONSULTED / INFORMED? Yes ☐ No ☐

DECISION DELAYED PENDING FURTHER CLARIFICATION Yes ☐ No ☐

IF YES,
WHO CONTACTED THE POLICE: _____ DATE: _____

NAME OF OFFICER: _____

OUTCOME: SINGLE AGENCY INVESTIGATION Yes ☐ No ☐
TRUST LEAD INVESTIGATION Yes ☐ No ☐
JOINT AGENCY INVESTIGATION Yes ☐ No ☐

DO THE RQIA NEED TO BE INFORMED? Yes ☐ No ☐

N/K ☐

IF YES,
WHO CONTACTED RQIA: _____ DATE: _____

NAME OF INSPECTOR: _____

DOES THE TRUST NEED LEGAL ADVICE? Yes ☐ No ☐ N/K ☐

IF YES,
WHO SOUGHT ADVICE: _____ DATE: _____

VA4a	
<u>OTHER CONSIDERATIONS FOR ALLOCATION OF REFERRAL</u>	
(a) HAS THE SERVICE USER ANY PREFERENCES RELATING TO WHO SHOULD CARRY OUT THE INVESTIGATION? (EG GENDER) Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/> IF YES, PLEASE SPECIFY:	
(b) HAS THE VULNERABLE ADULT ANY OTHER SPECIAL REQUIREMENTS? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/> IF YES, PLEASE SPECIFY	
(c) ARE THERE ISSUES OF SAFETY FOR THE WORKER? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/> IF YES, STATE WHAT SAFEGUARDS ARE IN PLACE:	
NAME OF INVESTIGATING OFFICER:	DATE OF ALLOCATION:
WILL THE VULNERABLE ADULT BE VISITED ON THE SAME DAY AS REFERRAL RECEIVED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, STATE REASONS:	
SIGNATURE OF DESIGNATED OFFICER:	DATE:

VA5

BELFAST HEALTH & SOCIAL CARE TRUST

PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE AND
EXPLOITATION

SIGNIFICANT INTERVIEW / EVENT REPORT

NAME OF PERSON INTERVIEWED:	ADDRESS:	WHO IS THIS PERSON? Eg. Vulnerable Adult, Carer
COMPUTER NO:	TEL. NO:	
NAME OF INTERVIEWER:		
DATE:	TIME:	VENUE:
PURPOSE OF THE INTERVIEW:		
REPORT OF INTERVIEW / EVENT:		

VA5

SIGNIFICANT INTERVIEW / EVENT REPORT (CONTINUED)	
SUMMARY ACTION AGREED:	
<div> <div> SIGNATURE OF INTERVIEWER </div> <div> DATE </div> </div> <div> <div> SIGNATURE OF INTERVIEWEE (IF APPROPRIATE) </div> <div> DATE </div> </div>	

BELFAST HEALTH & SOCIAL SERVICES TRUST

**PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE AND
EXPLOITATION
INVESTIGATIVE REPORT/ASSESSMENT OF RISK**

TO BE COMPLETED BY THE INVESTIGATING OFFICER

NAME:	ADDRESS:	DATE OF BIRTH:									
COMPUTER NUMBER:	BT: TEL NO.										
TYPE OF ABUSE (PLACE 'X' IN THE BOX OF THE ABUSE THAT TRIGGERED THE ALERT & TICK ANY OTHER ABUSE WHICH IS RELEVANT) <table border="0"> <tr> <td><input type="checkbox"/> PHYSICAL</td> <td><input type="checkbox"/> SEXUAL</td> <td><input type="checkbox"/> PSYCHOLOGICAL/EMOTIONAL</td> </tr> <tr> <td><input type="checkbox"/> FINANCIAL</td> <td><input type="checkbox"/> NEGLECT</td> <td><input type="checkbox"/> INSTITUTIONAL ABUSE</td> </tr> <tr> <td><input type="checkbox"/> DISCRIMINATION</td> <td colspan="2"><input type="checkbox"/> OTHER (PLEASE SPECIFY)</td> </tr> </table>			<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> PSYCHOLOGICAL/EMOTIONAL	<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> NEGLECT	<input type="checkbox"/> INSTITUTIONAL ABUSE	<input type="checkbox"/> DISCRIMINATION	<input type="checkbox"/> OTHER (PLEASE SPECIFY)	
<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> PSYCHOLOGICAL/EMOTIONAL									
<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> NEGLECT	<input type="checkbox"/> INSTITUTIONAL ABUSE									
<input type="checkbox"/> DISCRIMINATION	<input type="checkbox"/> OTHER (PLEASE SPECIFY)										
1. DETAILS OF REFERRAL (SPECIFY DETAILS OF INJURY / INCIDENT) NAME OF REFERRER: _____ DATE OF REFERRAL : _____ DESIGNATION: _____ TEL NO: _____											
2. BACKGROUND: (TO INCLUDE FACTORS PRECIPITATING REFERRAL, HOME CIRCUMSTANCES, SUPPORT AVAILABLE, OR SUMMARY / OUTCOME OF PREVIOUS INVESTIGATIONS) Prompt: this section should also focus on the capabilities & strengths of the client & highlight the positive influences which promote their independence, personal well being, protection and quality of life 											
3. IDENTIFY PREVIOUS OR CURRENT CONTACT WITH HEALTH & SOCIAL SERVICES AND RELEVANT OTHER AGENCIES											

VA6

4. PHYSICAL HEALTH: SENSORY DISABILITY: VISUAL <input type="checkbox"/> HEARING <input type="checkbox"/> DEAF/ BLIND <input type="checkbox"/>	
5. LEARNING DISABILITY - LEVEL OF DISABILITY: SERVICE USERS PERCEPTION OF DISABILITY:	
6. MENTAL HEALTH: <i>Prompt – see Consent Issues and the Vulnerable Adult</i> HAS A PSYCHIATRIC ASSESSMENT BEEN COMPLETED? DATE: BY WHOM: DIAGNOSIS: <i>Other information regarding mental state/health:</i>	
7. CAPACITY / consent to issues under investigation: COMMENT (PLEASE INCLUDE RELEVANT REPORTS / OPINIONS AND BEAR IN MIND HOW CLIENT'S CAPACITY MIGHT BE ENHANCED):	
8. STATUTORY / LEGAL ORDERS (ARE ANY OF THE FOLLOWING STATUTORY/PROTECTIVE MEASURES ALREADY IN PLACE OR WERE THEY PREVIOUSLY USED OR CONSIDERED UNDER THE MENTAL HEALTH ORDER?) POWER OF ATTORNEY/ENDURING POWER OF ATTORNEY <input type="checkbox"/> REFERRED TO O.C.P. <input type="checkbox"/> NON-MOLESTATION ORDER <input type="checkbox"/> HARRASSMENT ORDER <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> ADMISSION FOR PSYCHIATRIC ASSESSMENT <input type="checkbox"/> DETAINED FOR TREATMENT UNDER MHO <input type="checkbox"/> OTHER <input type="checkbox"/> COMMENTS:	
9. FINANCIAL CIRCUMSTANCES (ONLY IF RELEVANT) NATIONAL INSURANCE NO: _____ IN RECEIPT OF BENEFITS: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DETAILS: _____ OTHER INCOME: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DETAILS: _____ AGENT/APPOINTEE CONTROLLER IN PLACE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DETAILS: _____	
10. CARER'S ASSESSMENT: OFFERED <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINED <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>	

11.

RISK ANALYSIS (VA6)

ABUSE / RISK IDENTIFIED			
IDENTIFIED BY WHOM			
SPECIFIC EVIDENCE OF RISK / ABUSE			
<i>Pattern of abuse</i>	Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>	Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>	Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>
PROBABILITY REOCCURRING	Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> High Probable <input type="checkbox"/> Certainty <input type="checkbox"/>	Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> High Probable <input type="checkbox"/> Certainty <input type="checkbox"/>	Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> High Probable <input type="checkbox"/> Certainty <input type="checkbox"/>
SEVERITY OF ABUSE/ RISK	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Death <input type="checkbox"/>	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Death <input type="checkbox"/>	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Death <input type="checkbox"/>
SITUATIONAL FACTORS			
POSITIVE FACTORS WHICH MINIMISE RISK			
SERVICE USER / CARERS PREFERRED CHOICE / EXPRESSED WISHES			
ADDITIONAL			

COMMENT			
---------	--	--	--

VA6

12. INVESTIGATION OUTCOME

FURTHER INVESTIGATION REQUIRED ☐ CONFIRMED ABUSE ☐
 ALLEGATIONS ARE UNCONFIRMED ☐ NO ABUSE ☐
 OTHER ☐ SPECIFY _____

Where allegations are confirmed place x in the box to note the main form of abuse.
 If there are other types of abuse please tick relevant box.

PHYSICAL ☐ SEXUAL ☐ PSYCHOLOGICAL/EMOTIONAL ☐
 FINANCIAL ☐ NEGLECT ☐ INSTITUTIONAL ABUSE ☐ DISCRIMINATION ☐
 OTHER ☐ SPECIFY _____

(b) HAS CASE DISCUSSION/CONFERENCE BEEN CONVENED -

YES ☐ DATE _____
 NO ☐ PROCEED TO 16C

CLIENT INVITED - YES ☐ NO ☐

If no give reason: _____

CARER INVITED - YES ☐ NO ☐

If no give reason: _____

Advocate invited - YES ☐ NO ☐

IF NO GIVE REASON: _____

(c) IF A CASE CONFERENCE IS NOT CONVENED PLEASE STATE REASON**13. RISK TO OR FROM OTHERS**

- ARE THERE RISKS TO CHILDREN AND YOUNG PEOPLE YES ☐ NO ☐
- HAS THIS BEEN REFERRED TO THE APPROPRIATE AGENCY YES ☐ NO ☐
 IF YES, PLEASE NOTE WHO THE REFERRAL WAS MADE TO:

- ARE THERE RISKS TO OTHER VULNERABLE ADULTS YES ☐ NO ☐
 IF YES, NOTE THE DISCUSSION AND ACTION AGREED BY DESIGNATED OFFICER:

- WHERE APPROPRIATE HAVE SUPPORT / SERVICES BEEN OFFERED TO THE PERSON ALLEGEDLY RESPONSIBLE FOR THE ABUSE? YES ☐ NO ☐
 IF YES, PLEASE SPECIFY:

SERVICE USER'S SIGNATURE _____
 DATE _____

SIGNATURE OF INVESTIGATING OFFICER _____ DATE _____

SIGNATURE OF DESIGNATED OFFICER _____ DATE _____

BELFAST HEALTH & SOCIAL SERVICES TRUST
PROTECTION PLAN

VA6A

14.

NAME:		DATE CREATED:		DATE OF COMMENCEMENT:		DATE OF REVIEW:	
Risk	Assessed need	intervention	BY WHOM	REASON FOR NOT TAKING ANY ACTION			
1.							
2.							
3.							
4.							
5.							
UNMET NEEDS: (IF THERE ARE UNMET NEEDS, IDENTIFY WHEN THIS NEED CAN BE MET AND / OR THE ALTERNATIVE SERVICES THAT HAVE BEEN PROVIDED)							

15. ARE ANY OF THE FOLLOWING STATUTORY / PROTECTIVE MEASURES REQUIRED / INDICATED? PLEASE TICK

- | | | |
|--|--|---|
| (i) OFFICE OF CARE AND PROTECTION <input type="checkbox"/> | (ii) GUARDIANSHIP <input type="checkbox"/> | (iii) ADMISSION FOR ASSESSMENT <input type="checkbox"/> |
| (iv) ADMISSION TO CARE <input type="checkbox"/> | (v) NON-MOLESTATION ORDER <input type="checkbox"/> | (vi) DETAINED FOR TREATMENT <input type="checkbox"/> |
| <input type="checkbox"/> | | |

16. THE USERS / CARERS COMMENTS

(THE USER / CARER CAN COMPLETE THIS SECTION. THIS IS AN OPPORTUNITY FOR THE USER / CARER TO SAY WHAT THEY THINK OF THE PROTECTION PLAN AND HOW THEY HAVE BEEN INVOLVED IN DRAWING IT UP. THE USER / CARER WILL WRITE IN THEIR OWN COMMENTS OR THEY MIGHT WANT SOMEONE ELSE TO FILL IN THEIR VIEWS)

USER'S SIGNATURE:	<u>AND/OR CARER / ADVOCATE /</u> REPRESENTATIVES SIGNATURE:
DATE:	DATE:

INVESTIGATING OFFICER SIGNATURE:	DESIGNATED OFFICER SIGNATURE:
DATE:	DATE:

VA 7

**BELFAST HEALTH & SOCIAL CARE TRUST
PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS
FROM ABUSE AND EXPLOITATION**

**MINUTES OF STRATEGY MEETING /
CASE DISCUSSION / REVIEW**

This provides a template to record who attended the meeting, reports submitted and future review arrangements. The Designated Officer will also include a minute of the essential facts, discussion and decisions taken at the meeting.

NAME:	ADDRESS:	DATE OF BIRTH:
COMPUTER NO:		IF NOT KNOWN, PLEASE GIVE APPROXIMATE AGE:
		GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
VENUE:	DATE	
CHAIR PERSON:		
WAS THE USER INVITED? YES <input type="checkbox"/> NO <input type="checkbox"/> WAS THE USER IN ATTENDANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> DID THE USER COMMUNICATE THEIR VIEWS BY OTHER MEANS EG. LETTER YES <input type="checkbox"/> NO <input type="checkbox"/> IF THE USER DID NOT PARTICIPATE, PLEASE SPECIFY REASON _____		
<u>OTHERS INVITED IE. ADVOCATE OR CARER</u>		
NAME _____ IN ATTENDANCE YES <input type="checkbox"/> NO <input type="checkbox"/> NAME _____ IN ATTENDANCE YES <input type="checkbox"/> NO <input type="checkbox"/> IF NOT INVITED OR DID NOT ATTEND SPECIFY REASON _____		
NAMES OF THOSE PRESENT:	TITLE	
LIST OF APOLOGIES RECEIVED		
1. _____ 6. _____ 2. _____ 7. _____ _____		
REPORTS SUBMITTED BY:		
1. _____ 3. _____ 2. _____ 4. _____ _____		
INVESTIGATIVE OUTCOME / ARE THERE REASONABLE GROUNDS FOR ONGOING CONCERN:		

VA8

BELFAST HEALTH AND SOCIAL CARE TRUST

PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE AND EXPLOITATION

REVIEW OF CARE/PROTECTION PLAN

To be completed by the Designated Officer

NAME:	COMPUTER NO:																																					
	DATE OF LAST REVIEW:	DATE OF THIS REVIEW																																				
<u>WHO HAS BEEN CONTACTED?</u>																																						
<table> <tr> <td>Vulnerable Adult</td> <td><input type="checkbox"/> RQIA</td> <td><input type="checkbox"/> Psycho Geriatrician</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Domiciliary Provider</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Carer</td> <td><input type="checkbox"/> Doctor/Consultant</td> <td><input type="checkbox"/> District Nurse</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Care Manager</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Relative</td> <td><input type="checkbox"/> Psychologist</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hospital Nurse</td> <td><input type="checkbox"/> Res. or Day Care</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Police</td> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Community Psy. Nurse</td> <td><input type="checkbox"/> Rehab-Worker</td> </tr> <tr> <td>Social Work Asst.</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other, please specify <input type="checkbox"/> _____</td> </tr> </table>			Vulnerable Adult	<input type="checkbox"/> RQIA	<input type="checkbox"/> Psycho Geriatrician	<input type="checkbox"/>	Domiciliary Provider	<input type="checkbox"/>			Carer	<input type="checkbox"/> Doctor/Consultant	<input type="checkbox"/> District Nurse	<input type="checkbox"/>	Care Manager	<input type="checkbox"/>			Relative	<input type="checkbox"/> Psychologist		<input type="checkbox"/>	Hospital Nurse	<input type="checkbox"/> Res. or Day Care		<input type="checkbox"/>	Police	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Community Psy. Nurse	<input type="checkbox"/> Rehab-Worker	Social Work Asst.	<input type="checkbox"/>			<input type="checkbox"/> Other, please specify <input type="checkbox"/> _____			
Vulnerable Adult	<input type="checkbox"/> RQIA	<input type="checkbox"/> Psycho Geriatrician	<input type="checkbox"/>																																			
Domiciliary Provider	<input type="checkbox"/>																																					
Carer	<input type="checkbox"/> Doctor/Consultant	<input type="checkbox"/> District Nurse	<input type="checkbox"/>																																			
Care Manager	<input type="checkbox"/>																																					
Relative	<input type="checkbox"/> Psychologist		<input type="checkbox"/>																																			
Hospital Nurse	<input type="checkbox"/> Res. or Day Care		<input type="checkbox"/>																																			
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Social Work Asst.	<input type="checkbox"/>																																					
<input type="checkbox"/> Other, please specify <input type="checkbox"/> _____																																						
REVIEW AND AMEND PREVIOUS ANALYSIS OF RISK. COMMENTS:																																						
REVIEW AND AMEND PROTECTION PLANS. COMMENTS:																																						
ARE THERE ANY UNRESOLVED ISSUES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, SPECIFY HOW THESE MAY BE ADDRESSED.																																						

INVESTIGATION OUTCOME	
CONFIRMED ABUSE <input type="checkbox"/>	ALLEGATIONS ARE UNSUBSTANTIATED <input type="checkbox"/> NO ABUSE <input type="checkbox"/>
Where allegations are confirmed place x in the box to note the main form of abuse. If there are other types of abuse please tick relevant box.	
PHYSICAL <input type="checkbox"/>	FINANCIAL <input type="checkbox"/> EMOTIONAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/>
INSTITUTIONAL ABUSE <input type="checkbox"/>	
WILL THIS CASE BE REVIEWED UNDER THE VULNERABLE ADULTS POLICY AND PROCEDURES?	
<input type="checkbox"/>	YES <input type="checkbox"/> NO

VA8

IF YES,

WILL THE REVIEW BE VIA:

☐

SUPERVISION

DATE: _____

☐

CASE CONFERENCE

DATE: _____

WILL THE DESIGNATED AND INVESTIGATING OFFICER REMAIN THE SAME

☐

YES

☐

NO

IF NO, PLEASE SPECIFY, DESIGNATED OFFICER

INVESTIGATING OFFICER

IF NO,

☐

INVESTIGATING OFFICER WILL CONTINUE WITH A KEY WORKER ROLE

☐

TRANSFER TO OTHER KEY WORKER / SERVICE, PLEASE SPECIFY

☐

CLOSE CASE

☐

OTHER, PLEASE SPECIFY _____

SIGNATURE OF DESIGNATED OFFICER

DATE

<input type="checkbox"/> COMMUNITY NURSE FOR PEOPLE WITH LEARNING DISABILITY <input type="checkbox"/> POLICE <input type="checkbox"/> REGISTRATION & INSPECTION <input type="checkbox"/> LEGAL REPRESENTATIVE <input type="checkbox"/> PSYSIOTHERAPIST <input type="checkbox"/> OCCUP. THERAPIST <input type="checkbox"/> CARE MANAGER <input type="checkbox"/> REHAB. WORKER <input type="checkbox"/> WARD MANAGER <input type="checkbox"/> OTHER <i>SPECIFY</i> :	
SIGNED INVESTIGATING OFFICER	DATE
SIGNED DESIGNATED OFFICER	DATE

Belfast Health & Social Care Trust

LIST OF TRUST DESIGNATED OFFICERS (May2010)

Social Worker Trained	Programme of Care	Work Place	Contact Number
Carmel Fairmichael	Older People	Shankill Centre,151-157 Shankill Road,	90315005
John Allen	Older People	Carlisle Centre, 40 Antrim Road	90163757
Fiona Mc Kinney	Older People	Twin Spires	90636261
Ann Kernaghan	Older people	Knockbracken Health Care Park	90565707
Mairead Campbell	Older people	KHCP	90565707
Nuala Kelly	Older people	Provider Unit Carlisle Centre 40 Antrim Road	90163707
Yvonne Mc Knight	Older People	KHCP	90565707
Deirdre Hegarty	Older People	KHCP	90565707
David Shaw	Older People	Arches Centre	90563330
Geralyn Ainsworth	Older People	Shankill Centre	90315005
Pat Fitzpatrick	Older People	Bradbury Centre	90912090
Dermot Dawson	Older People	Twin Spires	90417400
May Newberry	Older People	Gilnahirk	90797383
Sandra Cullen	Physical Health and Disability	Mount Oriel	90704138
Michelle Shannon	Physical Health & Disability	Grove Health & Well being Centre	90 636814
Jane McMillen	Physical Health & Disability/ Sensory support	Everton Complex	90 566001
Joe Mulholland	Physical Health & Disability/ Sensory support	Everton Complex	90636821
Tracey Reid	Physical Health & Disability	Grove Health & Well being Centre	90636821
Joan Mc Crudden	Sensory Support	Bradbury Centre	90912190
Colette Ireland	Learning Disability	Finaghy Library	90204820
Mildred Lorimer	Learning Disability	Maureen Sheehan Centre	90242816

Document1

Appendix 4

Social Worker Trained	Programme of Care	Work Place	Contact Number
Carmel Drysdale	Learning Disability	Carlisle Centre 2 nd Floor 40,Antrim Road	90163595
Davy Mc Dowell	Learning Disability	Finaghy Library	90204820
Neil Kelly	Learning Disability	Everton complex	90566038
Aine Morrison	Learning Disability	Fairview	90802366
Barry Mills	Learning Disability	Muckamore Abbey Hospital	94 4834070
Clinton Stewart	Learning Disability	Muckamore Abbey Hospital	94 4834070
Rhoda Mc Bride	Mental health	Woodstock	90737548
Michael Bell	Mental health	Windsor Unit, BCH	90263646 90263929 07810182841
Jackie Mc Ilroy	Mental Health	Knockbracken Clinic	90565922
Mary O'Brien	Mental Health	Everton complex	90566040
Jackie Scott	Mental Health	Shannon, Knockbracken Health Care Park	90916837
Pat Knowles	Hospital	RVH	90632450
Mandy Cowden	Hospital	RVH	90632450
Mary Fagan	Hospital	RVH	90632450
Louise Derrick	Hospital	BCH	90263600
Lorraine Mc Farland	Hospital	Meadowlands- Intermediate and SW service groups- Musgrave Park Hospital	90902458
Christina Doyle	Hospital	BCH	90263600
Fred Davidson	Hospital	Mater Hospital	90802435
Mary Diamond	Care Management	Everton Complex	90566000

Key Contacts / External Agencies

Contact details for the Regulation and Quality Improvement Authority between 9.00am – 5.00pm Monday to Friday

The RQIA Headquarters is located in Belfast at:

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT
Phone: (028) 90517500

RQIA is an independent professional body with responsibility for quality assurance in relation to regulated services. They have an inspection function and are required to ensure that legislative requirements in relation to regulation and standards are met.

In relation to vulnerable adult abuse allegations, regulated services are required to follow RQIA reporting procedures.

Police Service of Northern Ireland: (028) 90650222

Contact details for referrals to Public Protection Units between 9.00am – 5.00pm Monday to Friday

A District – North & West Belfast

Inspector Ext 28950 Sergeant Ext 28826

B District – South & East Belfast

Inspector Ext 23594 Sergeant Ext 23579

C District – North & South Down, Ards and Castlereagh

Inspector Ext 31160 Sergeant Ext 15782

Allegations of abuse which constitute a crime must be reported to PSNI and consideration given to whether the 'Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults' (July 2009) is applicable.

In all referrals regarding Vulnerable Adults, the Sergeant attached to the relevant PPU will be the first point of contact.

Outside of usual office hours (9.00am – 5.00pm, Monday to Friday) the Duty Inspector in the relevant District should be contacted.

Independent Safeguarding Authority:

Document1

Po Box 181
Darlington
County Durham
DL1 9FA

Phone: 0300 123 1111

The Independent Safeguarding Authority (ISA) is a non-departmental public body with responsibility for implementation of the new Vetting and Barring Scheme in England, Wales and Northern Ireland. ISA will require all those working with vulnerable groups to undergo an enhanced vetting procedure before being allowed to commence any relevant duties.

Staff in regulated services will be required to register with ISA over a phased period of time, with implementation of new staff effective immediately. In addition, when concerns emerge regarding poor practice or abuse, consideration needs to be given to referral on to ISA regarding possible barring requirements.

Document1

Date	Version	Author	Comments
27/06/09	V0.1	Yvonne McKnight / Ann Kernaghan	Initial Draft
21/12/09 30/02/10	V0.2	Una Macauley / Yvonne McKnight	Consultation with Acute Hospital Sector, Learning Disability Service, Mental Health Service, Physical Disability Service, Older People Services
28/04/10	V1.0	Una Macauley / Yvonne McKnight	Final BHSCT submitted for approval
15/4/13	V1.1	As above	Review approved
6/8/14	V1.2	As above	Addition to page 38

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SECTION 1**Title: Adult Protection Policy & Procedure****1.0 INTRODUCTION/PURPOSE OF POLICY****1.1 Introduction**

The Belfast Health & Social Care Trust recognises that abuse is a violation of an individual's human and civil rights. The Trust has a zero tolerance in relation to all forms of abuse and exploitation. The Trust is fully committed to ensuring that vulnerable adults who are subject to alleged, suspected or confirmed abuse are supported and protected from harm.

This Policy aims to ensure that all Trust staff and services commissioned by the Trust who are involved in the care of vulnerable adults who are subject to alleged, suspected or confirmed abuse, respond in a co-ordinated and consistent way to support and protect the Vulnerable adult.

The Belfast Health & Social Care Trust aims to deliver on Safeguarding Vulnerable Adults, the Regional Adult Protection Policy and Procedural Guidance (September 2006). It also seeks to embrace the wider remit of adult safeguarding and gives a commitment to provide advice and guidance to vulnerable adults who are subject to alleged or suspected abuse, irrespective of whether they match a specific service area/programme of care (see Section 3.4).

This Trust Operational Policy endorses legislative and regional requirements in relation to adult protection work. It is recommended that staff working in the field of adult protection read this document in conjunction with:

- Safeguarding Vulnerable Adults, Regional Adult Protection Policy & Procedural Guidance (Sept 2006)
- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (Jul 2009)
- Achieving Best Evidence In Criminal Proceedings guidance for Vulnerable or Intimidated witnesses, including children (NI) 2012
- Human Rights Act 1998 enacted October 2000 which incorporates the European Convention of Human Rights and the fundamental Freedoms into UK Domestic Law
- DHSPPS Guidance on Consent & Capacity
- Regulation Quality Improvement Authority's Procedures for Responding to Allegations, Suspicions or Incidents of Abuse of Vulnerable Adults in Regulated Service (Nov 2007)
- The Safeguarding Vulnerable Groups Order (N.I) 2007 Vetting and Barring Scheme, as amended by The Protection of Freedoms Act 2012
- Adult Safeguarding in Northern Ireland – Regional and Local Partnership Arrangements (March 2010)

The Trust is committed to ensuring policies and procedures are reviewed and updated regularly. It is recognised that the DHSSPS are currently working on a new Regional Policy and this Belfast Trust Policy & Procedure will be reviewed as soon as the new Regional Policy is issued.

1.1 Background

The 'No Secrets: Guidance on Developing & Implementing Multi-agency Policies and Procedures to Protection Vulnerable Adults from Abuse' was issued by the Department of Health (2000) and required Trusts to work jointly with other relevant Agencies to protect vulnerable adults from abuse. This was followed by:

- Achieving Best Evidence in Criminal Proceedings (NI) Home Office 2002
- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2003)

In 2006 Safeguarding Vulnerable Adults Regional Policy and Procedural Guidance was issued by the Regional Adult Protection Forum and endorsed by the DHSSPS. The Belfast Trust recognised this as the framework within which all work in relation to Adult Protection should take place. The Belfast Trust Adult Protection Operational Policy both endorses and complements the Regional Policy. It reaffirms the Trust's commitment to delivering on Regional Requirements and builds on this by setting out Trust requirements in relation to Governance arrangements.

1.2 Purpose

This policy is designed to provide a clear, comprehensive and consistent approach to the management of alleged, suspected or confirmed abuse of vulnerable adults within the Belfast Health & Social Care Trust. The Belfast Health & Social Care Trust is fully committed to delivering on Safeguarding Vulnerable Adults, the Regional Adult Protection Policy and Procedural Guidance (September 2006). The Adult Protection Procedures set out Trust expectations regarding reporting requirements and responsibilities in terms of investigation and protection of the vulnerable adult and is in keeping with statutory requirements. This policy will be relevant to a number of other Trust policies in certain situations and staff should be aware of the interface between this policy and other Trust policies. Other relevant Trust policies include:

- Whistleblowing Policy (Ref TP022/08)
- Policy and Procedure for the Management of Complaints & Compliments (Ref TP045/10)
- A Zero Tolerance Approach to the Prevention and Management of Violence and Aggression in the Workplace (Ref TP002/08)
- Belfast Health & Social Care Trust Policy & Procedural Arrangements relating to Lone Working (Ref TP021/08)
- Belfast Health and Social Care Trust Disciplinary Procedure (Ref TP052/08)
- Trust Protocol for Recruitment and Employment of Staff under the requirements of Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012, Sept 2012 (Ref TP052/10)

1. The overall aim of the Policy is to prevent abuse by providing a framework within which all Trust staff should operate to protect vulnerable adults
2. To comply with Regional requirements as outlined / defined in 'Safeguarding Vulnerable Adult Protection Policy & Procedural Guidance (2006)'
3. To set out clearly the Trust's expectations in relation to identification and management of cases of suspected, alleged or confirmed abuse of a vulnerable adult
4. To clarify the roles and responsibilities of those involved in adult protection work
5. To ensure a comprehensive and consistent approach is taken in relation to adult protection work across the Trust
6. To promote effective multi-disciplinary and multi-agency working in relation to abuse investigations and protection planning
7. To highlight and reaffirm the Trust's commitment to Regional Protocols, in particular the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) and meet requirements under Achieving Best Evidence in Criminal Proceedings (NI) Guidance for Vulnerable and Intimidated Witnesses including Children (2012)
8. To ensure early detection of abuse of vulnerable adults and prompt intervention to offer protection
9. To comply with current legislative requirements and to amend policy as required To reflect any future legislative changes
- 10 To provide a clear policy & procedures for managers and staff

2.0 SCOPE OF THE POLICY

This Policy is relevant to all staff working within the Trust who, either directly or indirectly, come into contact with vulnerable adults who are subject to alleged, suspected or confirmed abuse. This Policy is of particular relevance to staff working within Older People Service, Learning Disability Services, Mental Health Services and Physical Health & Disability Services including Sensory Impaired. The Policy recognises that abuse of vulnerable adults can happen anywhere including Community, Hospital, Care Facilities and Day Care and the policy is therefore applicable in all settings. It covers all types of abuse including neglect and recognises that vulnerable people cannot always protect themselves. The document should also be read by providers of commissioned services as it sets out Trust requirements in relation to adult safeguarding/adult protection.

This Policy does not operate independently of other Belfast Trust Policies & Procedures. Policies and Procedures such as Complaints procedure and Disciplinary procedure should be implemented. Where an Adult Protection investigation is being conducted, the sequencing of implementation of other Trust policies & procedures will need to be carefully considered in order to ensure the protection of vulnerable adults.

3.0 ROLES/RESPONSIBILITIES

To achieve these objectives, clarity regarding roles and responsibilities is required.

3.1 Trust Board

1. To ensure that relevant Policies and Procedures are in place in relation to Adult Protection work
2. To commit appropriate resources to ensure that staff working in the field of adult protection are adequately trained

3.2 Service Group: Directors / Co-Directors / Service Managers

To ensure that all staff within their areas of responsibility are familiar with the Trust's Adult Protection Policy and have a clear understanding of their role and responsibility.

To provide relevant training and support to staff to ensure they are adequately equipped to deliver in terms of their responsibilities in relation to adult protection work.

To ensure that the complement of staff trained as Designated Officers, Investigating Officers and Specialist Interviewers (ABE) is sufficient to meet the needs of the service.

To ensure that Trust specialist services contribute as appropriate to adult protection investigations and protection planning for example Trust Finance Department (Fraud Section) or Specialist Nursing Services.

3.3 Employees

To adhere to Adult Protection Policy & Procedure

To attend relevant training

To raise issues of concern promptly with line manager

To follow reporting procedures and protocols, with particular reference to Regional Reporting arrangements

To adhere to Protocol for Joint Investigation of Alleged and Suspected Abuse of Vulnerable Adults (2009)

Regulated Services must adhere to all the above and also to Regulation Quality & Improvement Authority reporting procedures

3.4 Staff trained in Adult Safeguarding

Designated Officer

Is a professional member of Trust staff who has received additional specialist Designated Officer training in relation to adult protection work. The Designated Officer has a number of key functions under the Adult Protection Policy. These include - deciding whether an investigation under Adult Protection Policy & Procedures is appropriate; nominating an Investigating Officer; providing line management support to the Investigating Officer; and overall responsibility for the co-ordination of the investigation, risk assessment and protection plan. The Designated Officer will determine whether the Protocol for Joint Investigation of Alleged, Suspected or Confirmed Abuse of a Vulnerable Adult (2009) should be initiated. Only staff trained and appointed as Designated Officers should fulfil this role.

Investigating Officer

Is a professional member of Trust staff who has had additional specialist training in relation to adult protection work. The Investigating Officer is responsible for conducting an adult protection investigation and for ensuring that an effective protection plan is in place. Only staff trained and appointed as Investigating Officers by their Service Group can fulfil this role.

Achieving Best Evidence Specialist Interviewer

Is a professional member of Trust staff who has successfully completed the eight day Achieving Best Evidence course. The role involves joint working with PSNI in terms of interviewing vulnerable or intimidated witnesses. Staff undertaking this role must have a detailed understanding of their roles and responsibilities as specified in the Achieving Best Evidence in Criminal Proceedings (January 2012). It is a regional requirement that staff trained as Specialist Interviewers should conduct a minimum of two ABE interviews annually in order to maintain their level of competency.

Staff trained in the Protocol for Joint Investigation

Most adult protection investigations involve a Designated Officer and an Investigating Officer. In cases where crime is suspected, a Joint Agency Consultation with PSNI should take place. If a joint investigation is initiated, staff trained in the Protocol for Joint Investigation can be nominated by the Designated Officer to gather preliminary

information to help inform the strategy planning meeting. Staff trained in Joint Protocol can also, in conjunction with PSNI, conduct a clarification discussion with a vulnerable adult. However it must be stressed that only staff trained as Specialist Interviewers under Achieving Best Evidence can conduct investigative interviews.

4.0 KEY POLICY PRINCIPLES

4.1 Definitions

Vulnerable Adult

The Trust has adopted the Regional Safeguarding Vulnerable Adults definition of a vulnerable adult as:

‘a person aged 18 years or over who is, or may be, in need of community care services or is resident in a continuing care facility by reason of mental or other disability, age or illness or 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’ (1).

Therefore adults assessed by the Trust as eligible for a service from one of the service groups are defined as vulnerable adults.

This includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen, e.g. whether present from birth or due to advancing age, chronic illness or injury.

However, if there is an issue of alleged or suspected abuse, the Trust is committed to provide advice and guidance to potential vulnerable adults irrespective of whether they match a specific service area/programme of care. The Trust Protocol for responding to cases of alleged, suspected or confirmed abuse where the adult victim does not match programme of care definitions is detailed in Section 3.4

Abuse

The definition of abuse adopted by the Belfast Trust is derived from Regional Guidance issued by the Management Executive, Department of Health and Social Services, in 1996, which states that abuse is:

‘The physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship’ (2)

‘Forms of abuse can be categorised as follows:

- physical abuse (including inappropriate restraint or use of medication)
- sexual abuse
- psychological abuse
- financial or material abuse
- neglect and acts of omission

- institutional abuse
- discriminatory abuse

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time.

Any or all types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

The Law Commission in its 1995 report makes use of the concept of significant harm as an important threshold when considering the nature of intervention and defines this as including not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical) but also the impairment of physical, intellectual, emotional, social or behavioural development. Significant harm may include the degree, extent, duration and frequency of harm (*see appendix 11 for more detail regarding categories of abuse*). Relevant Trust policies & procedures should be implemented and considered in relation to possible abuse situations, i.e. the Trust Policy in relation to Use of Restrictive Practices in Adults should be adhered to and considered when investigating allegations of inappropriate restraint.

4.2 Key Policy Statements

- The Belfast Trust recognises that the prevention of abuse of vulnerable adults is everyone's business and therefore requires all Trust staff and services commissioned by the Trust (private, voluntary, independent sector) to deliver a high standard of service.
- The Belfast Trust recognises that abuse of vulnerable adults is everyone's business and therefore requires all Trust staff and services commissioned by the Trust (private, voluntary, independent sector) to be alert to the possibility of abuse.
- Trust staff that have concerns regarding alleged, suspected or confirmed abuse of a vulnerable adult have a duty of care and are therefore required to report their concerns immediately. Staff reporting concerns regarding alleged, suspected or confirmed abuse will be expected to contribute fully to the investigation process. This may include an adult protection investigation, a disciplinary investigation and/or a PSNI investigation.
- All allegations of abuse of a vulnerable adult will be fully investigated and a protection plan put in place where appropriate.
- The Belfast Trust is fully committed to ensure that staff working with vulnerable adults meet legislative requirements as set out in the Safeguarding Vulnerable Groups Order Northern Ireland (2007) as amended by The Protection of Freedom Act 2012 and to ensure that future legislative changes are implemented. In keeping with this requirement the Trust have developed and comply with the protocol for the recruitment and employment of staff under the requirements of the Safeguarding Vulnerable Groups NI Order (SVGO 2007) and Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012(September 2012).

- The Trust will ensure that all staff working with vulnerable adults are appropriately trained in terms of adult protection work. Training will be commensurate with the individual's role and responsibilities. In regulated services, requirements regarding adult protection training and refresher training will be complied with, in keeping with Residential Home Regulations, Day Centre Regulations and Domiciliary Care Regulations. Reporting requirements in relation to regulated services will be strictly adhered to and RQIA procedures for reporting will be followed.
- Safeguarding Vulnerable Adults Regional Policy and Procedural Guidance (2006) will be fully implemented.
- In situations where alleged, suspected or confirmed abuse occurs, the Trust will act promptly to protect the individual and to investigate the abuse.
- Principles around consent and capacity will be adhered to and DHSSPS Guidance regarding consent and capacity will be applied.
- Any decision taken regarding the possibility of overriding consent will be carefully assessed and a clear rationale for overriding consent will be required.
- Human Rights legislation will be considered in all cases and the rights of the individual will be recognised as of paramount importance.
- The Trust will avoid unnecessary or premature initiation of a vulnerable adult investigation.
- In situations where an alleged perpetrator is a Trust employee, all actions necessary to protect the vulnerable adult will be taken. This will include consideration of disciplinary procedures, with particular reference to precautionary suspension or change of duties while the investigation is being conducted. Actions taken by the Trust will be both proportionate and least restrictive and will involve consideration of the Trust's dual obligations to the vulnerable adult and/or other vulnerable adults including children and its responsibilities as an employer to its employees.
- In all situations involving Trust employees (or paid carers), consideration will be given to referral to the Independent Safeguarding Authority. DHSSPS Guidance on Vetting and Barring will be applied (*See Trust Protocol for the recruitment and employment of staff under the requirements of the Safeguarding Vulnerable Groups (N.I) order (SVGO) 2007 and Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012(dated September 2012).*
- In all situations involving Trust employees, consideration will be given to whether referral to the person's professional body is appropriate. Trust processes should be referred too and followed where applicable.
- Where a crime is suspected, referral on to PSNI will be made by Trust.
- The Trust will work in partnership with the vulnerable adult, carers and relevant others.

- Multi-disciplinary and multi-agency working are recognised as key aspects of the work and the Protocol for Joint Investigating of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) will be implemented where applicable.
- All services within the Trust are expected to report concerns regarding abuse of vulnerable adults to the relevant Service Group within the Trust. Regulated services must comply with all legislative requirements, i.e. Registered Homes (NI) Order, Domiciliary Care (NI) Order and Regulations and Day Care (NI) Order.
- Services commissioned by the Trust are required to comply with legislative requirements and regional policies, procedures and protocols. Furthermore, commissioned services must have in place adult protection arrangements that are compatible with the Belfast Trust's adult protection arrangements.
- Standardised recording and monitoring systems will be put in place.
- In keeping with Departmental requirements as set out in Adult Safeguarding in Northern Ireland Regional and Local Partnership Arrangements (March 2010), the Belfast Trust will have a nominated Trust wide Adult Safeguarding Lead at senior management level, will establish and chair a Belfast Local Adult Safeguarding Partnership and will provide and deliver on an annual Adult Safeguarding work plan which will be consistent with a regionally agreed Adult Safeguarding Strategic Plan.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy should be implemented by all Service Groups and all staff are required to comply with the Policy & Procedures. In order to ensure effective implementation the Belfast Trust has in place a Learning & Development Adult Protection training strategy. This strategy recognises that Trust staff are required to be aware of the policies and procedures in relation to Adult Protection work and their role and responsibilities within this. Staff need to be trained to a level commensurate with the responsibilities of their post.

An extensive training programme has been developed to ensure staff are provided with the necessary knowledge and skills to deliver, in terms of the obligations under the Adult Protection Policy.

The training programme consists of 5 levels of training:

Level 1 Awareness Raising Training – half day course

Mandatory for all Trust staff working with vulnerable adults. This session focuses on the alert stage of the policy. In addition and in keeping with Residential Homes regulations, Domiciliary Care regulations and Day Care regulations, refresher training is provided to all staff working in regulated service every 2/3 years as outlined in RQIA guidelines (every 2 years for domiciliary & day care, 3 years for nursing & residential staff).

Level 2 Training – one day course

Is aimed at first line managers and others who may be directly involved in the decision to refer to a Designated Officer (screening stage).

Level 3 Designated Officer/Investigating Officer Training - 2 day course

For staff who are directly involved in the investigation and management of adult protection work.

Level 4 Joint Protocol Training – 3 day course

Focuses on the Joint Agency Protocol; Joint PSNI and Trust training.

Achieving Best Evidence Training – 8 day course

Joint PSNI and Trust training.

In addition to training, implementation will also be supported by work of the Belfast Area Adult Protection Forum. To ensure ongoing development and support to staff working directly in Adult Safeguarding (Protection field), 3 practice support groups have been established for Designated, Investigating and ABE staff.

Trust best practice guidelines require Designated Officers and Investigating Officers to attend at least two practice support groups annually. These groups are facilitated on a quarterly basis March /June /September/December. Best practice would recommend that staff attend at least one practice support group every six months.

In addition to the ongoing training provided within the Trust as outlined above, additional information sessions will be organised to ensure that staff receive details regarding this updated policy. It is anticipated that full implementation will be achieved three months after policy approval. Any difficulty with this timescale should be brought to the attention of the author(s) of the policy.

6.0 MONITORING

Each service group will be responsible for the day to day monitoring of this work and should have systems and processes in place to facilitate this. Each service group should ensure that relevant adult safeguarding issues are reported through their governance line to senior management. Monthly statistical returns will be completed by each service group, in keeping with Health and Social Care Board requirements in terms of monitoring activity and outcomes. An annual audit will also be conducted across the Trust in relation to various aspects of the policy. Regulated services will also be monitored via Regulation and Quality Improvement Authority.

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10. EQUALITY STATEMENT

The outcome of the Equality Screening for this policy is:

- Major impact ☐
 Minor impact ☐
 No impact ☒

The policy is aimed at protecting vulnerable adults including those with disabilities. Human rights considerations are integral to the decision making process within the policy and is evidenced through completion of all Adult safeguarding procedural forms.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Date: 17 April 2013

Name Catherine McNicholl
 Title Director of Adult, Social and Primary Care



Date: 17 April 2013

Name Colm Donaghy
 Title Chief Executive

Procedures in relation to Adult Protection

In keeping with Safeguarding Vulnerable Adults Policy & Procedural Guidelines 2006, the Belfast Health & Social Care Trust recognises that there are seven key stages in the process of dealing with an allegation or suspicion of abuse of a vulnerable adult.

It is critical at each stage in the following processes due consideration is given to Consent/Capacity and Human rights Legislation (see Appendix 1)

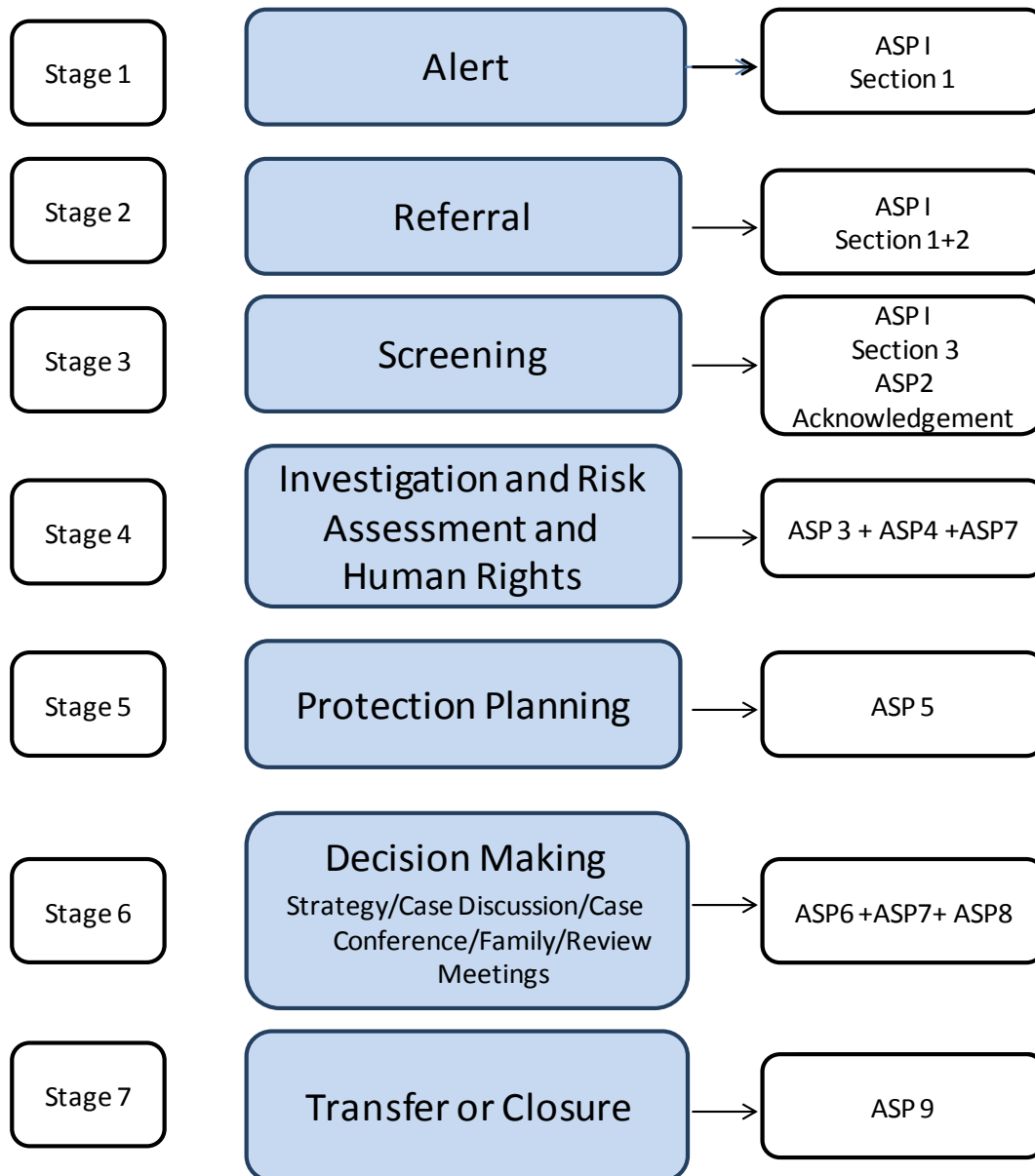
These stages are as follows:

- Alert
- Referral
- Screening
- Investigation and Human Rights
- Protection Planning
- Decision making
- Closure

The Belfast Trust Policy & Procedures seeks to provide staff with a clear understanding of their roles and responsibilities at each of these stages. It also recognises that it will not always be necessary to follow through all of these stages in every case. The flow chart below highlights the stages and the recording forms to be used at each stage.

A full set of Adult Protection recording documentation ASP1 to ASP9 forms is available on PARIS and on the Trust HUB (see Appendix 3 for hard copies).

2.1 SEVEN KEY STAGES OF ADULT PROTECTION PROCESS



STAGE 1

2.2 Alerts

All Trust staff have a responsibility to be alert to and recognise abusive situations and in these situations, where they have concerns to report this immediately to their Line Manager. All staff should be aware that they have a clear and explicit duty of care and therefore must report any alleged, suspected or confirmed abuse. The alerting stage plays a major role in ensuring the protection of vulnerable adults and it is important that all concerns regarding possible abuse should be reported.

If the allegations relate to a Trust employee, the staff member should alert their line manager. If the allegations relate to the Line Manager, the staff member should report the matter to a more Senior Manager. It should be noted that the Public Interest Disclosure (Northern Ireland) Order 1998 provides for the active safeguarding and protection of what are commonly known as 'whistle blowers'. Reference should be made to the Belfast Trust Whistle Blowing Policy 2008.

Staff who fail to report concerns regarding abuse could be subject to Trust Disciplinary procedures and sanctioned by their professional bodies, i.e. Nursing & Midwifery Council, Northern Ireland Social Care Council.

Concerns regarding suspected abuse by Trust staff who work in regulated facilities should also be reported to Regulation Quality Improvement Authority as outlined in RQIA Procedures for Responding to Allegations, Suspicions or Incidents of Abuse of Vulnerable Adults in Regulated Services (November 2007).

The criteria for referral to the Independent Safeguarding Authority should be considered where appropriate when the allegation relates to a paid staff member. If the allegation relates to a Trust member of staff, the line manager should report to their senior manager and a decision will be made regarding whether referral to the Independent Safeguarding Authority is appropriate. Reference should be made to the DHSSPS guidance on referral to Independent Safeguarding Authority (October 2009).

Providers of services commissioned by the Trust are required to notify the Trust of any concerns regarding alleged, suspected or confirmed abuse. Commissioned services are also required to have a Whistle Blowing Policy and Adult Safeguarding Policy and Procedures in place which are compatible with Belfast Trust policies and procedures.

In case of suspected abuse, the Line Manager should check that the vulnerable adult's immediate needs are being met, i.e. that there is no immediate danger and if required prompt medical assistance/assessment must be sought. If the vulnerable adult is in immediate danger, urgent action to protect the individual should be taken.

The line manager, along with the member of staff should determine whether the issue requires a consultation with a Designated Officer.

In situations where a consultation with Designated Officer does take place, consideration will be given to involving the vulnerable adult or carer if appropriate.

Where there is a difference of opinion between the line manager and staff member or where more guidance is required as to whether an investigation should be pursued, the line manager should consult with the appropriate Designated Officer.

In urgent cases, in the absence of the line manager, the member of staff should not delay the reporting of the incident and should contact a senior manager to discuss their concerns by telephone or in person. Any incidents arising outside normal office hours in the community/hospital/Care facility and requiring immediate intervention should be referred to the Emergency Duty Team (Out of Hours Social Work Team).

All cases of suspected, alleged or confirmed abuse should be recorded on the ASP1 form, Sections 1 by the reporting staff member in conjunction with their line manager. The actions which can be agreed by the line manager at this stage are as follows:

- No further action under Adult Protection Procedures
- Referral to the Quality Assurance Team (Older People and PHSD POC)
- Further screening / information required prior to a decision being made
- Referral to Designated Officer for screening under Adult Protection Procedures

The outcome should be recorded on the ASP form Section2

Should the line manager make the decision that there is no further action to be taken under the Adult Protection Policy, the ASP1 (Sections 1+2) form should be completed and filed in the client's records. A copy of the ASP1 form should be forwarded to the team leader on completion. The line manager should also ensure that a the concern is put as an alert on PARIS as follows ' Adult Safeguarding concern screened out' and add contact name and telephone number.

Where two or more ASP1 forms have been screened out in relation to the same client or facility consideration should be given to, whether collectively this information warrants further investigation under Adult Protection Procedures.

The relevant manager will collate and review the ASP1 forms which have been screened out under the procedures to satisfy him or herself that actions taken are appropriate. The appropriate manager will provide a crucial role in terms of identifying possible patterns or trends in keeping with Governance requirements and reports.

STAGE 2

2.3 Referral

Each Service Area will have their own complement of Designated Officers and Investigating Officers and a central register of Designated Officers is included in this document. Each service group must ensure that staff are kept updated re changes to this Register.

Cases concerning alleged, suspected or confirmed abuse should be referred to the appropriate Designated Officer. This contact can be made by telephone in first instance and should be confirmed in writing or electronically by the referrer within 2 working days on the ASP1 form (Sections 1+2).

Each Service group will have a system in place to respond to referrals/consultations. Each service group should also have in place a working protocol for the management of both internal and external referrals. All initial information provided by external referrers will be recorded on an ASP1 form by the relevant Designated Officer/Investigating Officer/Duty Officer.

The Designated Officer in consultation with the referrer should screen / assess available information to:

- Establish the substance of the suspected, alleged or known abuse.
- Confirm that the individual falls within the scope of the Policy

The actions which can be agreed by the Designated Officer at this stage are as follows:

- No further action under Adult Protection Procedures
- Further screening / information required prior to a decision being made
- Referral accepted under Adult Protection Procedures

The outcome should be recorded on the ASP1 form.

If a referral is accepted under Adult Protection Procedures the Designated Officer will complete ASP1 Section 3 and acknowledge the referral within two working days on an ASP2 form.

The Designated Officer is responsible for the ensuring that an alert is placed on PARIS as follows **'Adult Safeguarding involvement'** with name and contact details of Investigating Officer involved

It is also important that the person's Human Rights are considered at this stage. Unnecessary or premature initiation of a vulnerable adult investigation should be avoided.

It is important to consider issues of consent and capacity in order to establish the individual's ability to give meaningful consent to the abusive act or situation or to any further investigative process. DHSSPS guidance in relation to Good Practice in Consent should be followed when determining the individual's capacity and ability to consent. There will be some circumstances in which it will be necessary to override the wishes of an individual, even though they are deemed to be capable of giving meaningful consent. This occurs when:

- there is an overriding public interest or justification for doing so, i.e. a risk to a child
- a significant risk of death or serious harm to the vulnerable adult and/or others
- a serious criminal offence is suspected.

Each referral should be assessed by the Designated Officer to determine the degree of immediate risk and level of urgency in terms of response. Certain high risk situations will require an immediate response by Trust staff. *Examples of such a situation would include responding to need for medical assistance and/or referral to PSNI.* Staff should be aware of the need to preserve critical forensic evidence in certain circumstances, i.e. where there is an allegation of sexual abuse.

In all other circumstances allegations of abuse should be subject to initial screening/ investigation within 3 working days.

Out of Hours Referrals

Any incidents arising outside normal office hours in the Community/Hospital/Care facility and requiring immediate intervention should be referred to the Emergency Duty Team (Out of Hours Social Work Team).

The EDT Duty Officer will complete the EDT ASP Section 1 (see Appendix 4) based on the information provided by the referrer and forwarded to the EDT Designated Officer who will record agreed actions in EDT ASP1 Section2

The Emergency Duty Team should give priority to the protection of the vulnerable person. They should also advise on any immediate investigative actions that are required such as referral to PSNI or preservation of forensic evidence. The EDT must report to the appropriate Trust Designated Officer on the first working day and forward the completed EDT ASP1 form.

All cases of alleged, suspected or confirmed abuse occurring within hospital settings, including Accident & Emergency, should be referred to the line manager and, if necessary, the Hospital Designated Officer (Senior Social Worker) during office hours. The Hospital Designated Officer will then liaise with the appropriate community Designated Officer to agree who will take the lead role. Alleged or suspected cases of abuse which occur within the hospital setting out of hours must be reported to the Senior Manager on duty within the hospital and to the Emergency Duty Team (Out of Hours Social Work Service) (*see Section 3.1 for more details regarding procedural requirements in relation A&E / hospital patients*)

RQIA must be notified in all situations where concerns have arisen in a regulated service or a commissioned regulated service. The RQIA's Procedure for Responding to Allegations, Suspicions or Incidents of Abuse of Vulnerable Adults in Regulated Services (Nov 2007) must be followed. This requires RQIA to be notified immediately of any alleged, suspected or confirmed incidents of abuse within any service it regulates, by the appropriate line manager and Designated Officer. RQIA Incident Reporting Procedures should be followed.

The Designated Officer will ensure that all incidents of alleged, suspected or confirmed abuse in Care Facilities (Statutory sector and Independent sector) or with Care Providers (Statutory and Independent) are reported to the relevant Service Area Manager and the Trust Quality Assurance Team.

Referrals concerning allegations against staff and paid carers

All allegations of alleged, suspected or confirmed abuse of a vulnerable adult by a Trust employee should be considered under the following;

- Adult Protection Procedure
- Disciplinary procedures
- Joint Protocol Procedures

It will be the responsibility of the appropriate line manager to assess the initial information to determine whether an Adult Protection Investigation is appropriate. The line manager should also in consultation with Senior Management consider whether an investigation under Trust Disciplinary Procedures is required (refer to Section 3.3 for guidance).

Where the allegation constitutes a possible crime the line manager in consultation with the relevant Designated Officer should consider whether the Protocol for Joint Investigation applies. . Where there is a potential criminal investigation the Trust should be mindful that any action taken will not interfere with the PSNI investigation (refer to Section 3.3 for guidance).

STAGE 3

2.4 Screening by Designated Officer (to include initial strategy discussion)

The Designated Officer will make an initial judgement based on referral information regarding whether further investigation is appropriate. In some situations it may be evident from the outset that a full investigation is appropriate. In other situations a further screening may be required.

Consideration should be given, in applicable situations, to the Trust Adverse Incident/Serious Adverse Incident reporting policy. Where the relevant criteria is met, a Trust Incident form (electronic or paper) should be completed.

Where appropriate, the Designated Officer will allocate the referral to an Investigating Officer. The Investigating Officer will take the lead role in carrying out the investigation, as directed by the Designated Officer.

Possible outcomes of screening may be that:

- Referral not appropriate for Adult Protection Procedures
- Further information required before an investigation is instigated
- Referral accepted for investigation under Adult Protection Procedures
- The Designated Officer will consider whether the Protocol for Joint Investigation of Alleged and Suspected Abuse of Vulnerable Adults is relevant and refer to PSNI if appropriate.

Where there is a decision that a referral is not appropriate for adult protection at this stage, the Designated Officer should record the decision on Section 2 of the ASP1 and forward to the referrer/line manager.

Each Service Group will nominate either the Team Managers and/or a Senior Manager who will be responsible for the collation and review of information received.

In all cases of alleged, suspected or confirmed abuse, the key priority will be to protect the vulnerable adult from further abuse. The protection planning should begin as soon as an allegation of abuse is made and will be a key consideration for the Designated Officer and the Investigating Officer at all stages in the investigation process.

At the point of referral a Strategy Discussion will take place to ensure an early exchange of information and to clarify whether there is a need for any immediate action to be taken. The Strategy Discussion may take place by telephone but in particularly complex referrals, there may be a need for a Strategy Discussion meeting. Strategy Discussion via telephone should take place within one working day of referral to the Designated Officer, unless good practice dictates otherwise. Where a Strategy Meeting is required, this should be recorded on the ASP6.

If as a result of information received at referral or from the Strategy Discussion, significant concerns emerge regarding very serious risk of harm or homicide from domestic violence, the Designated Officer should consider whether referral to the Multi Agency Risk Assessment Conference (MARAC) might be appropriate.

2.5 Multi-Agency Risk Assessment Conference (MARAC)

It should be noted that the main aim of the MARAC is to reduce the risk of serious harm by providing a forum for a co-ordinated Multi-Agency response to Protection Planning for the victims of domestic violence.

Each Service Group will have appointed a named MARAC Representative and all cases being considered under MARAC should be discussed and agreed with the Service Group MARAC Representative to establish whether the criteria for referral is met.

A specific Risk Identification Checklist (CADDASH-NI) should be used in all cases of alleged or suspected domestic violence/abuse to determine whether a referral to MARAC is appropriate (see Appendix 5).

The threshold to referral to MARAC is one or a combination of the following:

- score 14 or more on the DASH form
- professional judgement
- Escalation of incidents, three or more police call outs in a twelve month period or an increase in the severity of abuse

Were a referral to MARAC is considered appropriate the consent of the vulnerable adult should be sought. In exceptional circumstances of serious risk of harm consideration may need to be given to referral without consent. A clear rationale for this decision should be recorded which reflects Human Rights considerations.

The legal grounds for sharing information without consent are covered under the Data Protection Act and the Human Rights Act (Art 2+3)

If a referral is considered appropriate, a MARAC referral form should be completed and forwarded to the Trust MARAC Representative for the service group and also the nominated PSNI MARAC Representative.

Role of nominated Trust MARAC representative for each service group.

Potential new referrals from within Trust service groups to MARAC should be forwarded to the Trust MARAC representative who will:

1. Review DASH and MARAC referral form in order to establish whether referral to MARAC is appropriate
2. Consider issues of Consent & Capacity
3. Refer to MARAC if appropriate
4. Attend MARAC meetings to present information and contribute to action plans.

Cases listed for MARAC

Review cases listed for MARAC meetings. Collate information and attend MARAC meetings as appropriate where the:

- Individual is known to service group - collate relevant information, consider issues of consent, capacity and data protection
- Individual not known to service group but information indicates that they fall within what would normally be considered the programme of care, i.e. victim is over 65 years old - Older Peoples programme of care.

Trust nominated MARAC representatives and those attending MARAC meetings should ensure that they have a detailed understanding of the MARAC process and the roles and responsibilities within this. It is therefore recommended that representatives read the MARAC Operating Protocol and the MARAC Information Sharing Agreement.

It must be stressed that MARAC offers an additional mechanism/forum to look at protection arrangements for a small number of vulnerable adults at very serious risk of harm but does not replace the need for protection and investigation under Adult Protection Procedures. In Adult Protection cases where a MARAC referral is deemed to be appropriate, MARAC should be used to enhance the protection planning process.

2.6 Joint Protocol Considerations

Following the Strategy Discussion and depending on the decisions made, the investigation may proceed through a single agency investigation, joint investigation with PSNI or joint investigation with other agencies.

- (a) Single Agency Investigations.
These are investigations where intervention rests solely with one agency, e.g. Trust, PSNI.
- (b) Joint Investigations with the Police. A detailed consideration of the need for a joint investigation with the PSNI will be triggered when there is an allegation or suspicion that one of the following criminal offences has been committed against a vulnerable adult:
 - A sexual offence committed against a vulnerable adult. Allegations or suspected sexual abuse
 - Physical abuse or ill-treatment amounting to a criminal offence
 - Financial abuse involving a criminal offence such as fraud or theft
 - Abuse which involves a criminal offence; e.g. blackmail.

Allegations should be reported to either the PSNI Rape Crime Unit/SARC

Allegations should be reported to the appropriate PSNI Crime Unit.

Where a decision to proceed to joint investigation is taken, the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults 2009 must be followed.

Under this Protocol the Designated Officer should decide whether the grounds for Joint Agency Consultation are met. The Designated Officer should, if they suspect a crime has been committed, contact PSNI within 24 hours. As the referrer, the Designated Officer has a responsibility to complete the AJP1 form, which is a record of the Joint Agency Consultation. The Designated Officer must send the original AJP1 to the PSNI and retain a copy on the client file.

All Designated Officers and staff trained in ABE should use the Criminal Justice secure Messaging Service (CJSM) to facilitate communication (see Appendix 6).

In instances of abuse that constitute a criminal offence and where there is a decision that the Trust and PSNI will jointly investigate the incident, it must be remembered that only staff trained as Specialist Interviewers should conduct Achieving Best Evidence interviews.

Staff conducting interviews under ABE must comply fully with the requirements and processes as detailed in the Achieving Best Evidence in Criminal Proceedings January 2012.

- (c) **Joint Investigations with Other Agencies.** These are investigations which involve more than one agency or organisation but which lie outside the ‘Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults’, e.g. Joint Investigations between Trust and Care Provider

Where the vulnerable adult receives a service from a registered establishment or agency (statutory, private and independent sector), the manager of the registered facility has a responsibility to inform RQIA of any ongoing investigation. The Designated Officer must also refer the matter immediately to the appropriate Inspector within RQIA, in keeping with RQIA Reporting Procedures.

Where care is being purchased by the BHSCT outside of the Trust area, the Care Provider must notify the relevant BHSCT staff of any allegations or suspicions of abuse and they in turn must notify the relevant Trust Designated Officer. For Older people and Physical Health and Sensory Disability Services the Adult Safeguarding Gateway team Care must be notified.

Close communication and co-ordination should take place between the relevant Designated Officer within the Belfast Trust (Commissioning Trust) and the relevant Designated Officer in the host Trust. The Belfast Trust, as the Commissioning Trust, will take the lead role in relation to their individual client, however if there is a wider protection issue the host Trust will take the lead role and involve the commissioning Trust as part of this process.

Where care is being purchased within the BHSCT by another Trust and an individual case of suspected, alleged or confirmed abuse occurs, the commissioning Trust will be responsible for investigation and protection planning in relation to their client. In cases where a wider protection issue has been identified, the host Trust will take the lead role in terms of co-ordination and overall management of the investigation.

For Older people and Physical Health and Sensory Disability Services the Adult Safeguarding Gateway team Care will take the lead role.

The relevant Designated Officer will work in partnership with the relevant Care Provider to ensure that a full investigation is carried out and that Adult Protection Policy & Procedures are adhered to (*see section 1.9 for more details regarding joint investigation between Trust and other agencies / providers*).

STAGE 4

2.7 Investigation / Risk Assessment

The Investigating Officer will take the lead role in carrying out the investigation and must keep the Designated Officer fully informed throughout the investigation process. The purpose of the investigation is to establish the facts and contributing factors leading to the referral. In addition there are responsibilities to identify and manage risk to ensure the safety of the individual and others. It should seek to clarify the views of the vulnerable adult, facilitate a mental capacity assessment if required and where necessary appoint an advocate to act in the best needs of the vulnerable adult.

The Investigating Officer should ensure that the alleged victim is interviewed if appropriate and is fully involved in all decisions at all stages in the investigation process. In situations where this is not possible, i.e. significant cognitive impairment or severe learning disability, a carer, family member or advocate should be involved if appropriate. Interviews with the alleged victim and significant others should be recorded on the ASP3.

Careful consideration should be given to whether an alleged perpetrator will be interviewed. Staff should be mindful of the potential for aggression or violence. The Belfast Trust Policy 'A Zero Tolerance Approach to the Prevention and Management of Violence and Aggression in the Workplace 2008' is applicable. In certain circumstances to ensure the protection of staff, a range of measures will be looked at, i.e. two staff members being involved in interviews, venue of interviews, etc.

The Investigating Officer is required to carry out a Risk Assessment as part of the investigation and must complete the ASP4 or a Risk Assessment form which has been approved by their service group as suitable for Adult Protection Risk Assessment purposes. Due consideration must be given to issues of Human Rights and recorded on the ASP4. If a human rights issue has been identified the ASP7 Human Rights form may also need to be completed.

In situations where the alleged perpetrator is also a vulnerable adult, referral on to another programme of care may be appropriate. If the alleged perpetrator is already known to another programme of care, close communication and co-ordination should take place to ensure that the needs of both clients are fully met.

STAGE 5**2.8 Protection Planning / Monitoring / Review**

The vulnerable adult should be fully involved in the drawing up of the protection plan and where this is not possible a family member, carer or advocate should be involved if appropriate. The protection plan should be recorded on the ASP5.

The vulnerable adult and/or carer/family (if appropriate) and relevant others should be provided with the protection plan within three working days of it being agreed.

Consideration of whether the abuse constitutes a very serious risk of harm due to domestic violence should be kept under close review and referral to MARAC can be considered at any stage of the investigation if the referral criteria for MARAC is met (see section 2.5 MARAC)

In cases deemed to be of continued high risk, the situation should be closely monitored and the protection plan reviewed by the Investigating Officer and Designated Officer within 24 hours, or as required. The ASP8 form should be completed.

In all other cases the protection plan should be reviewed with the vulnerable adult and/or relevant others within 10 days of implementation by the Investigating Officer. The ASP8 should be completed.

Ongoing protection plans should then be reviewed at three-monthly intervals (minimum) by the Investigating Officer and ASP8 completed. If there are significant concerns that the protection plan is not effectively addressing the risks, the Designated Officer may formally review the protection plan as part of a Case Conference. An ASP6 form must be completed as a Minute of the Case Review meeting.

STAGE 6**2.9 Decision Making****Strategy Meeting/Case Conference /Case Discussions /Family Meeting**

A Strategy Meeting/Case Discussion/Case Conference/Family meeting can be convened where appropriate at any stage throughout the process. The purpose of these meetings are to identify risks and the actions necessary to manage these risks. Any interim protection plan should be reviewed and an appropriate protection plan must be agreed at these meetings.

Were the Designated Officer has concerns in relation to the protection plan and/or the process of the investigation these should be raised directly with the relevant parties in the first instance. Were an issue is unresolved the Designated Officer should raise this with their own line management/Senior Management. In exceptional circumstances the Designated Officer can contact the Trust wide Adult Safeguarding Lead and /or the Social Work Governance Manager.

Where there are ongoing serious risks within a case, a case conference should be convened and chaired by the Designated Officer as soon as possible and no later than 14 days after the completion of the investigation.

A minute of the Case Conference/Case Discussion should be taken and recorded on an ASP6. An ASP7 Human Rights form must also be completed as part of the decision making process.

STAGE 7

2.10 Transfer/Closure

Decisions regarding transfer or closure of a case under the Adult Protection Procedures must be made in consultation with the vulnerable adult if appropriate and all relevant others. An ASP9 form should be completed.

The Designated Officer is responsible for ensuring that appropriate information is provided to the receiving service to allow for the ongoing monitoring and protection of the vulnerable adult.

The Designated Officer is responsible for ensuring that the Adult Safeguarding Alert is amended as follows '**Adult Safeguarding previous involvement**' with contact name and telephone number.

SECTION 3**3.1 Investigations in relation to Hospital Setting (Accident & Emergency / Hospital In-patients)**

(See Appendix 7 Flow Chart which details reporting arrangements)

Roles of all hospital staff

- All hospital staff (doctors, nurses, radiographer, cleaners, etc.) should be alert to the possibility of abuse of vulnerable adults.
- Any concerns staff have should be reported immediately to their line manager, i.e. Ward Sister, Consultant, etc. Staff have a duty of care to report alleged, suspected or confirmed abuse and staff who fail to report concerns regarding abuse could be subject to Trust disciplinary procedures and sanctioned by their professional body, such as Nursing & Midwifery or NISCC.
- The line manager/ward manager will decide if any actions need to be taken and should consult immediately with the Hospital Designated Officer or the EDT Designated Officer if the concern is raised out of hours and there are immediate risks to be addressed or a report to the PSNI is required. It is recommended that the line manager/ward manager consults with the Hospital Designated Officer/Senior Social Worker if they are in any doubt as to whether an issue falls within the scope of the Adult Protection Policy.
- The line manager/ward manager should inform and seek guidance and direction from the appropriate Assistant Service Manager/Senior Manager when the incident occurs within the hospital or relates to a staff member. If the concern is raised out of normal office hours contact should be made with Senior Manager on Site/Senior Manager on Call
- The Senior Manager on Site/Senior Manager on Call should assess available information and consult with the Hospital/EDT Designated Officer to determine whether the situation falls under the Adult Protection Policy & Procedure. It is the responsibility of the Senior Manager on site to ensure that an interim protection plan is in place to support and protect the vulnerable adult
- In all cases where hospital discharge is imminent and significant risks to the individual have been identified an urgent Adult Safeguarding discussion/meeting should take place to ensure the protection of the vulnerable adult

Role of Designated Officer

- The Hospital Designated Officer should record all information provided via telephone referrals on an ASP1 Section 1.
- The hospital Designated Officer will review available information in conjunction with the referrer and will make the decision as to whether further investigation under the Adult Protection Policy is required.(See Stage 2)

- In all cases of alleged, suspected or confirmed abuse when a crime is suspected the Protocol for Joint Investigating of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) must be strictly adhered to. Through the Joint Agency Consultation Process a decision will be made as to who is best placed to take forward a vulnerable adult investigation.
- The hospital Designated Officer will establish the patient/vulnerable adult's area of residence and consult with relevant Trust.

Belfast Trust

Older People and PHSD Services- consult with the Adult Safeguarding Gateway Team

Learning Disability and Mental Health Services- consult with the relevant Designated Officer

Other Trusts

Continue with existing arrangements.

- In situations where the Belfast Trust is conducting the investigation and the abuse relates to an incident occurring within a hospital setting, the hospital Designated Officer will immediately link with the relevant Designated Officer and consideration will be given to who is best placed to take on the management responsibility for the investigation.
- If the allegation is disclosed in hospital but is alleged to have occurred in a regulated care facility (Residential, Nursing, EMI, Statutory, Voluntary), the hospital Designated Officer should notify the relevant Trust, the care facility and RQIA of the allegation. Adult Protection and RQIA procedures must be followed.
- Where the concern or allegation relates to a vulnerable adult known to Mental Health Service or Learning Disability Programme of Care, the hospital Designated Officer should inform RQIA when an investigation is initiated and also of the eventual outcome.
- Protection measures must be in place to protect the vulnerable adult
 - If there are risks to the vulnerable adult within the hospital setting it is the responsibility of the relevant hospital staff to provide an appropriate protection plan. The Hospital Designated Officer should be satisfied that the protection plan is addressing the risks
 - If there are risks to the vulnerable adult within a regulated facility or within the community the hospital staff and the relevant Designated Officers should work together to ensure that an appropriate protection plan is in place prior to discharge.

Immediate Concerns

If there is an immediate concern for the safety and well being of a patient because of an incident which has occurred on the hospital site, the line manager/ward manager should immediately:

- Ensure that the patient is in no imminent danger and that he/she is protected from harm and his/her needs are being met, i.e. Hospital Security and/or PSNI may be required
- Refer to the hospital Designated Officer who will then screen the referral and decide on whether the Adult Protection Procedures are applicable and what further action is required. If out of office hours contact should be made with the Emergency Duty Team Designated Officer
- Inform and seek guidance and direction from the appropriate Assistant Service Manager/Senior Manager. If out of office hours contact should be made with Senior Manager on Site/Senior Manager on Call
- The Senior Manager on Site/Senior Manager on Call should assess available information and consult with the hospital/EDT Designated Officer to determine whether the situation falls under the Adult Protection Policy & Procedure.
- It is the responsibility of the Senior Manager on Site to ensure that an interim protection plan is in place to support and protect the vulnerable adult.
- The role of the Emergency Duty Team in such cases will be to provide access to a Designated Officer who will:
 - ensure that the interim protection plan effectively addresses any immediate risk to the vulnerable adult
 - assist and advise the Senior Manager in managing the situation
- It is recognised that EDT, as an Out-of-Hours Service, only priority issues will be addressed i.e. consideration must be given to whether PSNI need to be involved. If crime is suspected there should be no delay in reporting concerns to PSNI. It should be remembered that vulnerable adults may require assistance when being interviewed by the Police. The Emergency Duty Team will facilitate access to a Specialist Interviewer if PSNI wish to conduct an interview
- It is the responsibility of the EDT Designated Officer to ensure that Adult Protection cases arising out of hours are reported to the relevant Designated Officer as soon as possible on the first working day.

The EDT ASP form should be forwarded to:

- Older People and Physical Health and Sensory Disability Services- Adult Safeguarding Team Duty Desk
- Learning Disability and Mental Health Services-Case holder/Duty Officer of local team and copy to relevant Designated Officer.

3.2 Investigations in relation to Regulated Services

(See Appendix 8 - Flow Chart which details reporting arrangements)

Regulated services include; (Trust and Independent Sectors)

- Domiciliary Care
- Day Centres
- Residential Care Facilities
- Nursing Home Facilities
- Supported Housing
- Hospital Settings

In all cases of alleged or suspected abuse of a vulnerable adult in a regulated service there is a need for close communication between the key professionals involved which may include the Trust Care Management/Commissioner of service, Quality Assurance Team, Registered Manager/Registered Provider, relevant Hospital staff, Trust Designated Officer and RQIA. Where a crime is suspected and the Protocol for Joint Investigation may be appropriate, PSNI will need to be consulted. It is therefore a requirement that all key professionals attend strategy meetings, case reviews and case conferences.

Role of Commissioner of service (Care Management, Social Work)

- Commissioners of service have the clear responsibility to ensure that the services commissioned meet the assessed needs of the individual and are compliant with the requirements as set out in the Service Level agreement.
- Breaches in any requirements should result in notification to Line Management and the Quality Assurance/Monitoring Team.
- In the context of Adult Safeguarding these responsibilities also include the need to be alert to and report any alleged, suspected or confirmed abuse in relation to both care facilities and domiciliary providers to the Trust Adult Safeguarding Gateway Team in relation to Older People and Physical Health and Sensory Disability Services and in Learning Disability and Mental Health Services to the relevant Designated Officer. Form ASP1 should be completed by the referrer when referring under Adult protection Procedures
- Form ASP1 should be completed by the referrer and consultation with the line manager must take place when considering a referral under Adult Protection Procedures
- To contribute to an Adult Protection investigation and protection plans as directed by the Trust Designated Officer. This may include providing information, attending Adult Protection meetings and conducting wider screening interviews.

Role of Quantity Assurance Team (QAT) in Older People and Physical Health and Sensory Disability Services in relation to Adult Safeguarding

- In individual cases where the QAT receives a report which may constitute an adult safeguarding issue, a consultation should take place with the Designated Officer in the Adult Safeguarding Gateway Team
- Where the QAT identify a pattern or trend of recurring poor practice issues/ quality of care issues in relation to the same care facility or domiciliary provider, discussion should take place with the Designated Officer in the Adult Safeguarding Gateway Team to determine if there is an institutional abuse issue
- Co-ordinating the collation of data in relation to adverse incidents, complaints, quality issues and compliments
- Preparing a quarterly report on incidents/complaints for tabling at governance committee
- To collate and provide information for the annual contract meetings with the domiciliary providers and quality assure the contract in relation to domiciliary commissioned services
- Regular meetings should take place between the QAT and the Adult Safeguarding Gateway Team Manager to review all care facility and domiciliary provider issues to:
 - identify patterns and trends in relation to individual regulated services
 - to identify areas of concerns which need to be addressed
 - to determine if actions are required and who will take responsibility for these

Role and Responsibility of Registered Managers in Regulated Services

The Registered Manager must ensure that:

- Their service is compliant with the Safeguarding Vulnerable Groups Order (N.I) 2007 Vetting and Barring Scheme, as amended by The Protection of Freedoms Act 2012 and ensure that future legislative changes are implemented where applicable
- Adult Protection Policies and Procedures are in place which are consistent with Regional and Trust Adult Protection requirements
- All staff receives appropriate training in relation to adult protection and that refresher training is provided in keeping with regulatory requirements
- There is a clear and explicit reporting mechanism in place to respond to allegations of alleged, suspected or confirmed abuse
- A Whistle Blowing Policy is in place which supports staff in raising any issues
- Reporting arrangements are in place within the service that require all staff to report any concerns to senior staff and the registered manager
- Any alleged, suspected or confirmed abuse of a vulnerable adult is reported to a Trust Designated Officer, the case holder and RQIA immediately or on the first working day

- Any internal investigation should not be commenced without consultation with the Trust Designated Officer and/or PSNI. This includes any interviews with service users or staff
- Staff are fully aware of their responsibilities to contribute to any investigation (Adult Protection, Disciplinary, Criminal or Professional Body) by providing statements and if necessary giving evidence
- When a crime is suspected, where appropriate, a report should be made to the PSNI in keeping with the requirements of the Joint Protocol and any possible forensic evidence is secured
- The safety and wellbeing of the vulnerable adult is given priority by the service provider and that there is clear and explicit responsibility to ensure that a robust interim protection plan is in place to address their immediate protection needs
- Where other vulnerable adults may be at risk and the interim protection plan also should ensure their protection
- Details of the interim protection plan should be provided to the Trust Designated Officer at the time of reporting the allegation or suspicion of abuse
- In situations where the Trust Designated Officer expresses concern that the interim protection plan may not meet the protection needs of the vulnerable adult or others who are at risk, it is the responsibility of the Registered Manager to review the protection plan accordingly
- Where allegations relate to a staff member it will be the responsibility of the registered manager to consider whether investigation under Disciplinary Procedures is appropriate. Due consideration needs to be given to the interface between Adult Protection and Disciplinary Procedures
- Procedures in relation to reporting to the Independent Safeguarding Authority and any other relevant professional bodies should be followed if applicable. The registered manager as the employer is responsible for providing any information or reports required
- If Trust Designated Officer decides that wider screening interviews with other service users and/or staff are required as part of the adult protection, it is the registered manager's responsibility to provide the necessary information and contribute to the investigation as directed by the Trust Designated Officer
- On completion of the adult protection investigation the registered manager should provide a written report of the outcome to RQIA and forward a copy to Trust Designated Officer.

Role and Regulation, Quality & Improvement Authority (RQIA)

- To report any concerns regarding alleged or suspected abuse of a vulnerable adult to a relevant Trust Designated Officer and /or PSNI if appropriate
- To monitor and inspect regulated services to ensure all regulatory requirements in relation to alleged or suspected abuse of a vulnerable adult are complied with. This will include ensuring that Vulnerable Adult Policies and Procedures are complied with.
- Consider information in the context of regulatory requirements and take a lead role when regulatory requirements are breached, i.e. institutional abuse cases.

- To contribute to Adult Protection investigations and protection plans through attendance at meetings and where appropriate provide relevant information and input into any action plans.

Role of Trust Designated Officer and Investigation Officers

The Trust Designated Officer is responsible for the overall co-ordination of the Adult Protection Investigation and protection plan including the convening and chairing of Adult Protection meetings

(For details in relation to Adult Protection process see Appendix 2)

3.3 Vulnerable Adult Investigations when an allegation is made against Staff Member(s)

The Trust is required to ensure that, in situations where an allegation of alleged, suspected or confirmed abuse of a vulnerable adult by a member of staff is made, appropriate processes are in place to effectively address the needs of the vulnerable adult and the rights of the employees.

Staff have a right and a duty to raise concerns with the Trust and the Trust expects staff to follow existing reporting procedures. In situations where staff have concerns that the existing reporting procedures have not effectively address the issue raised, the Trust

Whistle Blowing Policy may be applicable.

The Trust Whistle Blowing Policy clearly sets out the Trust commitment to support staff that raise concerns (Public Interest Disclosure Order NI 1998).

The following existing processes need to be considered when an allegation is made against staff member(s):

- A.** The interface between the Adult Protection Procedure and Disciplinary Procedure
- B.** Where allegations made against a staff member constitutes a possible crime, The Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (July 2009) should be applied
- C.** Reporting to the Independent Safeguarding Authority and relevant professional bodies, e.g. NISCC, NMC etc. (see Choosing to Protect Guidelines, DHSSPS 2008; Safeguarding Vulnerable Groups NI Order 2007 and Trust Procedures to be followed)
- D.** Reporting arrangements in relation to Regulated Facilities

Service Providers Commissioned by the Trust is required to have in place similar procedures which reflect Trust processes.

A. The interface between the Adult Protection Procedure and the Disciplinary Procedure

- Any complaints or concerns from any source in relation to a staff member which constitutes an adult protection issue should be reported to the relevant line manager immediately
- Any allegations of alleged or suspected abuse of a vulnerable adult by a staff member should be reported immediately to the staff member's line manager or within regulated services, to the registered manager.
- The line manager/registered manager must immediately report any allegations of alleged suspected or confirmed abuse of a vulnerable adult by staff members to the relevant senior manager/duty senior manager for the service group.
- Trust Disciplinary Procedures **may** need to be considered and consultation with Human Resources should take place where appropriate. (Employment Law/Employee Relations section).
- The line manager/registered manager, having been made aware of an allegation against a staff member, must also immediately report the referral to the relevant Trust Designated Officer.
- It is the line manager's responsibility to ensure that any telephone referral is followed by the completion of the ASP1 form and forwarded to the Designated Officer within two working days
- The Designated Officer will assess the information provided by line manager/registered manager and decide whether the Adult Protection Procedures apply and/or whether the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (July 2009) needs to be considered. During this initial screening process the protection of the vulnerable adult(s) must be discussed.
- It is the responsibility of the line manager/registered manager (Trust /Commissioned Service Provider) to ensure the immediate protection of the vulnerable adult(s).
- It is the responsibility of the line manager/registered manager to provide the Designated Officer with details of interim protection plan. In most situations it is anticipated that this will be agreed on the day of referral and will take immediate effect
- Actions taken in relation the named staff are decisions for which the staff members line management are responsible and accountable.(Trust or/Commissioned Service Provider)
- Any actions taken by the line manager/registered manager need to consider the protection and rights of the vulnerable adult/s balanced with the rights of the staff.

- A range of options may need to be considered by the line manager/registered manager and in some situations may include placing the staff member/s in an alternative position on temporary basis or on precautionary suspension
- If the Designated Officer is concerned that the interim protection plan does not afford the vulnerable adult adequate protection he/she should raise this in the first instance with the line manager/registered manager. Trust line manager/registered manager should consult with senior management and Human Resources regarding staffing issues associated with protection arrangements
- In exceptional circumstances if agreement is not reached between the Designated Officer and line manager/registered manager it is the responsibility of both the Designated Officer and line manager/registered manager to inform RQIA
- In most situations, interviews with the staff member whom the allegation has been made against will be conducted by the staff member's line management/senior management in consultation with Human Resources. At the Strategy planning stage, if a decision is made to interview staff as part of the Adult Safeguarding investigation, the person nominated to interview the staff member/s will ensure the following information is provided:
If the staff member against whom the allegation has been made is to be interviewed it is important that the staff member is informed/reminded that he/she has a right to have colleague or trade union representation present at any interview. If wider screening interviews with staff are to take place, staff members should also be informed/reminded that he/she has a right to have colleague or trade union representation present at any interview.

Addendum to Belfast Health and Social Care Trust Adult Protection Policy & Procedures 2013 - Section 3.3 Vulnerable Adult Investigations when an allegation is made against Staff Member(s)

- It will be the responsibility of the line manager/registered manager to inform their staff member of the allegation and what measures are to be taken i.e. whether an investigation under Adult Protection Procedure and/or whether the allegation will be managed under Disciplinary Procedures.
- The Adult Protection and Disciplinary investigations will be conducted separately and will be undertaken by two separate appointed representatives.
- The Adult Protection investigation will be conducted in keeping with the Trust Adult Protection Procedures and the Designated Officer will appoint an Investigating Officer.
- The disciplinary investigation will be conducted in keeping with the Trust Disciplinary Procedures and the Senior Management will nominate a Trust Officer to carry out this investigation.
- Decisions regarding the planning and timing of these two investigative processes will be determined on a case by case basis and will be agreed by the Designated Officer, line manager/registered manager in consultation with their Senior Manager and Human Resources.

- In complex cases it may be necessary to have an internal Trust Strategy meeting/s to agree the detail of how the interface between Adult Protection procedures and Disciplinary procedures. In these situations it is anticipated that a Senior Manager Level 4 or above will chair these meetings.
- There are a number of possible options in relation to the detail of how these investigations can proceed and these options should be considered at the initial Adult Protection Strategy Meeting. In complex cases a Senior Manager may need to be included to assist with the detailed planning in relation to the investigation strategy. Possible options for consideration can include:
 1. The Adult Protection and the Disciplinary investigations will be conducted totally separately
 2. The two investigations can be conducted separately with relevant information shared on a need to know basis:
 - Where an Adult Safeguarding investigation is being conducted and staff interviews are to take place it is the relevant line manager's responsibility to coordinate the interviews
 - The line manager should also ensure that staff are advised that relevant information may need to be shared within any of the investigative processes. In situations where information from an Adult Safeguarding investigation is relevant to either a disciplinary or police investigation consent should be sought for the sharing of this information from the vulnerable adult and/or others
 3. The Designated Officer and Trust nominated representative can, if agreed conduct joint interviews with the staff member under investigation and/or other relevant staff members.

B. Where allegations made against a staff member constitutes a possible crime, the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (July 2009) should be applied

In situations where an allegation of abuse is made against a staff member in relation to a vulnerable adult which constitutes a possible crime, the Trust and other services commissioned by the Trust should consider whether consultation with the PSNI is required. In such circumstances The Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (July 2009) should be applied.

Line manager/registered manager must immediately report any allegations of alleged suspected or confirmed abuse of a vulnerable adult by staff members to:

- The relevant Senior Manager/Duty Senior Manager for the service group.
- The relevant Designated Officer or Emergency Duty Team Designated Officer.
- In situations where the vulnerable adult is considered to be in imminent danger and in need of immediate protection the line manager/registered manager should

take whatever action necessary to protect the vulnerable adult including medical assistance.

- In situations where there is significant concern that a serious crime has been committed there should be no delay in contacting the PSNI who will determine whether a criminal investigation is appropriate.
- In situations where the allegation relates to potential financial abuse a report should be made to the Trust Fraud section within the Finance Department for information and where appropriate for advice.
- In all other situations the Designated Officer will assess the information and determine whether a consultation/report to the PSNI is required. The Designated Officer will also determine, based on available information whether there is any immediate action is required to ensure the protection of the vulnerable adult and liaise with the line manager/registered manager in relation to this.
- Protection of the vulnerable adult(s) will always take precedence and any actions required under adult safeguarding to ensure protection should not be delayed by a PSNI investigation. However any actions planned should where possible be discussed with the PSNI in advance to agree a way forward.
- A Strategy Meeting/Discussion under Joint Protocol will take place to determine roles and responsibilities and agree the immediate action plan.
- Where an Adult Safeguarding investigation relates to a Trust service, a Trust internal management meeting may also be required to manage the interface between Adult Safeguarding, Disciplinary and PSNI investigations. This meeting should be chaired by a Senior Manager (Level 4 or above) and should include the Designated Officer and line manager. Where such a meeting is convened, consideration should also be given to involving colleagues from Human Resources, Employment Law and the relevant Corporate Team (for example Corporate Nursing). It should be noted that these meetings are additional to and do not replace the Trust Adult Safeguarding Procedures.
- In these cases a Trust representative should be nominated to liaise with the PSNI on an ongoing basis in relation to the progress of the criminal investigation as it pertains to the staff member.
- In situations where a criminal investigation under Joint Protocol arrangements takes place the adult safeguarding investigation and possible disciplinary investigation should take cognisance of the Police investigation.
- Full discussion with PSNI should take place before the Trust undertakes interviews with staff in relation to the allegation. Line management should be mindful that interviewing staff in advance of a consultation with the PSNI could jeopardise a police investigation.

- In most situations a disciplinary investigation will only commence when the PSNI investigation is concluded or after PSNI interviews with relevant staff have been conducted.
- In situations where precautionary suspension is required due to the nature of the alleged offence or is a requirement of a protection plan, Trust Disciplinary procedures in relation to meeting with the staff member/members should be followed.
However consultation with the PSNI may be required in relation to the level of information given to the staff member where a criminal investigation is underway to ensure any criminal investigation is not compromised.
- Staff reporting concerns regarding alleged, suspected or confirmed abuse will be expected to contribute fully to any investigative process including Adult Protection, Disciplinary or PSNI investigation
- The criteria and threshold for PSNI investigation, Adult Protection investigation and Disciplinary investigation differ. Staffs are reminded that the burden of proof in criminal cases is higher, therefore where a PSNI investigation has taken place and the threshold for criminal prosecution has not been met, an Adult protection investigation should be considered and the Disciplinary Investigation should be concluded.

C. Reporting to the Independent Safeguarding Authority and relevant professional bodies e.g. NISCC, NMC, etc. (see Choosing to Protect guidelines, DHSSPS 2008)

- The line manager/registered manager and senior management should consider whether the criteria for referral of the staff member to ISA and /or relevant professional bodies are met.
- The Senior Service Manager is then responsible to ensure that a referral is made to the appropriate body/s. Within the Trust, Human Resources will take the lead role in reporting to the Independent Safeguarding Authority and the relevant Senior Professional lead is responsible for the referral to the professional body after consultation with senior management.
- It is the responsibility of the staff member's line manager to provide information at the time of reporting and respond to any subsequent requests for information. Commissioned Service Providers must ensure that their agencies comply with this requirement.

D. Reporting arrangements in relation to Regulated Facilities

In keeping with RQIA regulations, the Registered Manager must report and complete an RQIA incident report form. A copy of the incident report should also be forwarded to the Designated Officer, Quality Assurance Team, and case holder.

3.4 Trust Protocol for responding to cases of alleged, suspected or confirmed abuse where the adult victim does not match programme of care definitions (Service Area)

- The Trust is committed to the principle of ensuring that all adults who are subject to alleged, suspected or confirmed abuse will receive a sensitive, supportive and appropriate response from the Trust
- The Trust recognises that in some situations it will not always be clear from the outset which programme of care should be responding to an allegation of abuse. In other situations the abuse referral may not match neatly with any of the Trust programme of care (service area) definitions. In these circumstances where there is a lack of clarity regarding which programme of care is best placed to respond, the programme of care receiving the referral should:
 - Try to gather as much detail as possible from referrer in order to identify who is best placed to respond to the adult in need of protection
 - In some situations advice and/or referral on to another agency such as Women's Aid may be appropriate. In such circumstances the receiver of the referral should provide the assistance required
 - Where referral details indicate a need for immediate assistance there should be no delay in response, so the programme of care receiving the referral should take whatever immediate actions are required to protect the adult.
- In determining who is best placed to respond to a referral, the focus should be on the needs of the adult. Any pre-existing eligibility criteria normally viewed as a prerequisite to receiving support services from a specific programme of care (service area) will not prevent an AS investigation and the provision of support to a vulnerable adult.

As a general rule where the referral information indicates that:

1. The adult victim is over 65 years old or is under 65 years old and has a physical or sensory disability, the referral should be directed to the AS Gateway Team
2. The adult victim is under 65 years old and may have a mental health issue, irrespective of whether this constitutes a treatable, diagnosed condition, the referral should be directed to Mental Health Service for initial screening
3. Where the adult victim may have a low IQ irrespective of whether their IQ has been assessed or meets current service area threshold, this should be directed to Learning Disability Services for initial screening.

In cases where there is a dispute regarding which programme of care is best placed to deal with the referral, the referral should be brought to the attention of the

Assistant Service Manager/Operational Manager for the service who received the referral.

- The Assistant Service Manager will review available information and determine whether their service will deal with the referral or whether he/she should discuss referral with a Service Manager from another programme of care.
- Decisions regarding allocation of cases should be made within 24 hours or earlier, depending on the nature and level of risk identified in the referral.
- A record of cases referred which do not match any programme of care should be recorded on the monthly AS statistical returns to TASS, along with details of which programme of care received the referral and which programme of care dealt with the referral.
- In the unlikely event that the Assistant Service Manager/Operational Manager cannot reach an agreement with regard to who is best placed to deal with a referral, consideration will be given to the statistical record to ensure equitable allocation of workload.

3.5 Direct Payments

Where a Direct Payment is in place, clients and their carers should be made aware of the arrangements for the management of adult protection in their area. Such service users should receive the same level of support and protection as any other vulnerable adult if abuse occurs. Any concerns should be reported in the first instance to the Trust representative, i.e. Care Manager, Social Worker, who in turn will link with the relevant service group to initiate Adult Protection procedures.

APPENDICES

Appendix 1

Consent/Capacity/Human Rights

Consent /Capacity/Human Rights

(Extract from Safeguarding Vulnerable Adults Regional Adult Protection Policy & Procedural Guidance 2006)

Consent, Capacity and Human Rights must be considered in all decision making processes at every stage of an adult protection investigation and due consideration given to concepts of proportionality and equality of arms.

Consent /Capacity

8.1 One of the key challenges in relation to work with vulnerable adults relates to capacity and consent in considering what action should be taken about alleged or suspected abuse. Two key questions need to be addressed:

- (i) did the vulnerable adult give meaningful consent to the act, relationship or situation which constitutes the alleged or suspected abuse?
- (ii) does the person now give meaningful consent to any preventable action, investigation or report to the PSNI?

8.2 It is also necessary to determine both whether the person could consent and whether they did consent. Abuse may occur when any of the following conditions apply:

- the person does not consent;
- the person is unable to consent, either because of issues of capacity or because the law does not permit the vulnerable adult to give consent to a particular act or relationship;
- other barriers to consent exist for the vulnerable adult; e.g. where the person may be experiencing intimidation or coercion.

8.3 The principles contained in Good Practice in Consent (DHSSPS, 2003) and enshrined in the legislation relating to mental incapacity which have been enacted in England and Wales⁶, offer some useful guidelines for determining individual capacity and ability to consent. These include:

- a person must be assumed to have capacity unless it is clearly established that this is not so;
- a person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success;
- a person should not be considered as being unable to make a decision merely because he makes an unwise decision;
- an act done or decision made under this legislation for, or on behalf of, the person who lacks capacity, must be done, or made, in his best interests;
- before any action is taken, or decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and

freedom of action.

8.4 Under this legislation a person is deemed to lack capacity in a matter if, at the same time, he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary. A person is deemed unable to make a decision for himself if he cannot:

- understand the information relevant to the decision;
- retain that information;
- use or weigh-up that information as part of the process of making that decision;
- communicate his decision (by speech, gesture, signing or any other means).

8.5 Where a person is deemed unable to make a decision every reasonable and practicable effort must be made to encourage and permit the person to participate, or to improve his ability to do so as fully as possible in any act done for him and decision affecting him. If it is decided that an adult does not have capacity, then staff should act in a way which is in that person's best interests; i.e. what is necessary to promote health or wellbeing or prevent deterioration, consistent with existing legislation.

Human Rights

The Human Rights Act 1998 is an Act of the Westminster Parliament which makes the European Convention on Human Rights part of the law of all parts of the United Kingdom. Although passed in 1998, the Human Rights Act did not fully come into effect until 2nd October 2000.

In making the European Convention part of the law of Northern Ireland, the Human Rights Act allows individuals and organisations to go to Court, or to a tribunal to, seek a remedy if they believe that the rights conferred on them by the European Convention have been violated by a public authority .

These principles assume that vulnerable adults have the right to:

- be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
- be given access to knowledge and information which they can understand to help them make informed choices;
- information about, and practical help in, keeping themselves safe and protecting themselves from abuse;
- live safely, without fear of violence or abuse in any form;
- have their money, goods and possessions treated with respect, and to receive equal protection for themselves and their property through the law;
- guidance and assistance in seeking help as a consequence of abuse;
- be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will only be over-ridden if it is considered necessary for their own safety or the safety of others;

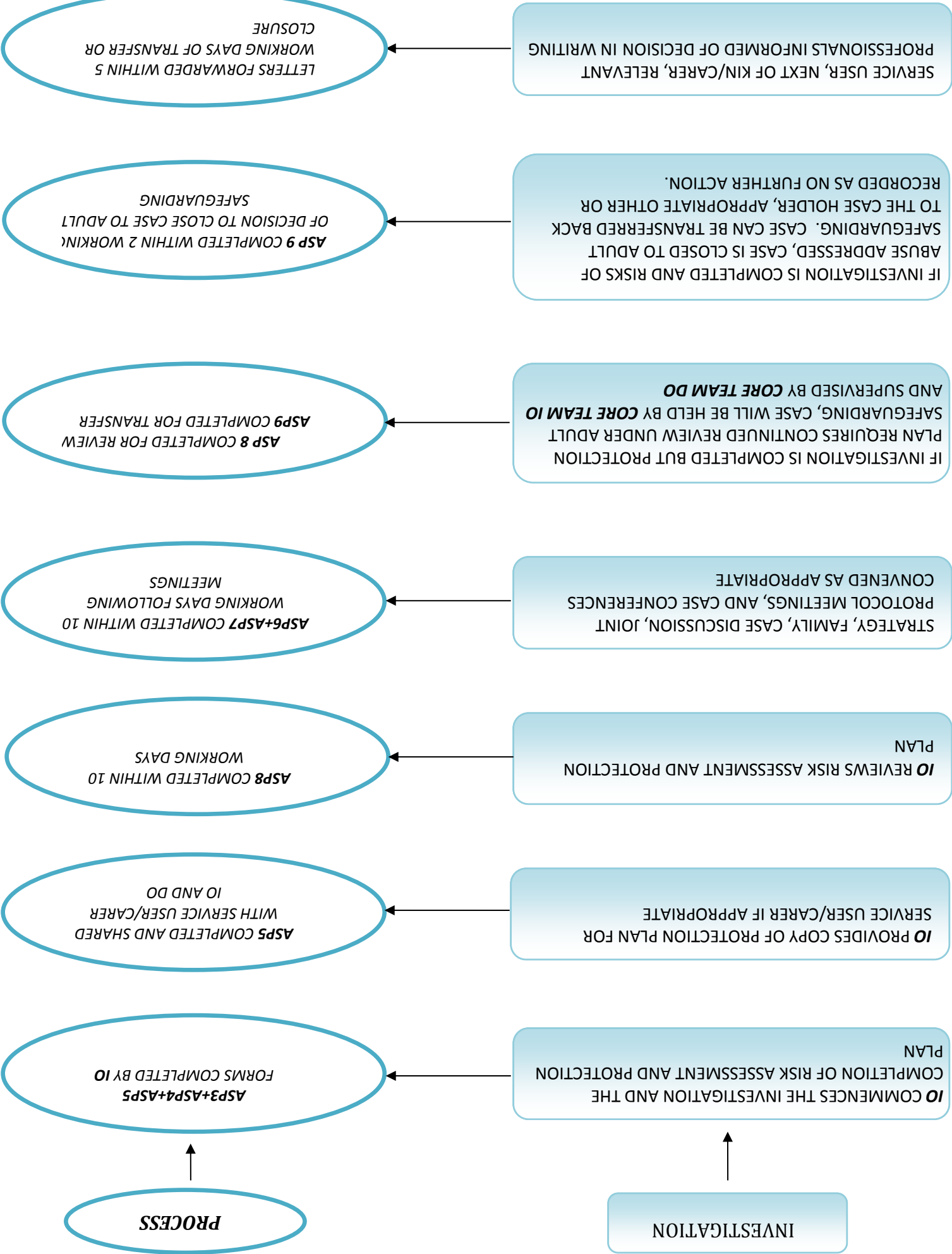
- be supported in bringing a complaint under any existing complaints procedure;
- be supported in reporting the circumstances of any abuse to independent bodies;
- have alleged, suspected or confirmed cases of abuse investigated urgently;
- receive appropriate support, education, counselling, therapy and treatment following abuse;
- seek legal advice or representation on their own behalf;
- seek redress through appropriate agencies;
- have their rights respected and to have their family, informal carers or advocates act on their behalf as appropriate.

Appendix 2

Referral/Investigation Pathway Flow Chart

REFERRAL PATHWAY





Appendix 3

Trust Adult Safeguarding Procedures Forms

BELFAST HEALTH AND SOCIAL CARE TRUST

ADULT SAFEGUARDING PROCEDURES

ASP1 - Alert / Referral Information

Please ensure Sections 1 & 2 are fully completed before referral to DESIGNATED OFFICER

NAME:	DATE OF BIRTH: <i>(If not known, please give approximate age)</i>	DATE OF REFERRAL:
ADDRESS:	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	SERVICE GROUP:
POSTCODE:	TELEPHONE NO:	COMPUTER NO:

SECTION ONE

DETAILS OF REFERRER <i>(the person who brings the concerns to the attention of your agency)</i>	
Name:	Relationship to service user:
Job title and agency:	Contact number:

	Name	Address & Tel. No.
<u>Key Worker</u>		
<u>Care Manager</u>		
<u>G.P</u>		
<u>Other</u>		
<u>Family/Carer</u>		
Significant other		

WHO WAS THE FIRST PERSON TO NOTE CONCERN:	
Name & Tel No:	Date:

WHAT IS THE MAIN FORM OF SUSPECTED, ADMITTED OR KNOWN ABUSE?		
<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Institutional abuse
<input type="checkbox"/> Financial	<input type="checkbox"/> Neglect	<input type="checkbox"/> Psychological
<input type="checkbox"/> Discrimination	<input checked="" type="checkbox"/> <u>OTHER</u>	

DOES THIS REFERRAL ORIGINATE FROM:	
<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> MARAC
<input type="checkbox"/> Adult Mental Health Unit	<input type="checkbox"/> Regulated Facilities

- * Section 1 – completed by Referrer
- * Section 2 – completed by line manager
- * Section 3 – completed by Designated Officer

ASP1 - Alert / Referral Information

INCIDENT REPORT
Background information: <i>(To include factors precipitating referral, home circumstances, support available, INCLUDING issues of capacity)</i>
INCIDENT REPORT – LOCATION / DATE / TIME OF INCIDENT <i>(Please give exact details of what has been reported and if appropriate, note injuries on the attached body chart)</i>
HAVE THERE BEEN PREVIOUS CONCERNS OR EVIDENCE OF ABUSE TO YOUR KNOWLEDGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/K <i>(If yes, what was the nature of the concern and the outcome)</i>

THE SERVICE USER'S USUAL LIVING ARRANGEMENTS		
Does service user live alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does alleged abuser live with service user?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is service user's present location different from home address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HAVE YOU TAKEN ANY ACTION DUE TO EMERGENCY SITUATION TO AVOID IMMEDIATE SERIOUS RISK?	
Was immediate protection needed for Service User:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detail:	
Was immediate protection taken for others in the vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detail:	

ASP1 - Alert / Referral Information

SERVICE USER'S KNOWLEDGE OF REFERRAL	
Does person know that a referral may be made? Has the person consented to a referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF ALLEGED PERPETRATOR		
Name:	Date of birth:	<input type="checkbox"/> M <input type="checkbox"/> F
Address:		
Does the alleged perpetrator know that an allegation has been made against them?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K
<u>Is alleged perpetrator known to service user?</u> Please specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Family member	<input type="checkbox"/> Another service user	<input type="checkbox"/> Paid carer
<input type="checkbox"/> Trust employee	<input type="checkbox"/> Other	

ANY ADDITIONAL INFORMATION RELEVANT TO THE REFERRAL (Please note the views of others you have consulted and note any difference of opinion)

SIGNATURE:	DATE:
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SECTION TWO

ACTIONS AGREED BY LINE MANAGER

- ☐ No further action under Adult Safeguarding Procedures
(Prompt: Please note if previous ASP1 alerts have been raised in this case)
- ☐ Further screening / information required prior to a decision being made
- ☐ Referral to Designated Officer for Investigation under Adult Safeguarding Procedures
- ☐ Referral to Adult Safeguarding Team

Is there a need to notify: ☐ Quality Monitoring Officer ☐ RQIA ☐ PSNI

Is there a need to consider any immediate Human Rights issues ☐
(drop down of Convention Human Rights)

DETAILS OF DECISION MAKING

SIGNATURE:

DATE:

ASP1 - Alert / Referral Information**SECTION THREE****OUTCOME OF INITIAL STRATEGY DISCUSSION**

- ☐ Referral not appropriate for Adult Safeguarding Procedures
- ☐ Further information required before an investigation is instigated
- ☐ Referral accepted for Investigation under Adult Safeguarding Procedures and allocated to:

Name: _____

Date _____

ADDITIONAL INFORMATION IN RELATION TO THE REFERRAL**ACTIONS AGREED BY DESIGNATED OFFICER
UNDER ADULT SAFEGUARDING PROCEDURES****DATE:****Is immediate action required to protect the adult in need of protection?**☐ Yes ☐ No ☐ Not Known**Is there a need to preserve possible forensic evidence**☐ Yes ☐ No**Urgent medical attention required**☐ Yes ☐ No**Additional care resources or staff provided**☐ Yes ☐ No**Place of safety or respite admission required**☐ Yes ☐ No**Removal of alleged perpetrator**☐ Yes ☐ No**Are there any immediate Human Rights issues (drop down needed)**☐ Yes ☐ No**Other (please specify)****Do Joint Protocol Procedures need to be considered?** ☐ Yes ☐ No ☐ More info required
(if Yes, please complete AJP1)**OUTCOME :****Single Agency Investigation**☐ Yes ☐ No**Trust Lead Investigation**☐ Yes ☐ No**Joint Protocol Investigation**☐ Yes ☐ No**ABE Referral**☐ Yes ☐ No**Do the RQIA need to be informed?** ☐ Yes ☐ No ☐ Not Known*If yes:-***Name of Inspector:** _____

ASP1 - Alert / Referral Information

Does the Trust need legal advice? ☐ Yes ☐ No ☐ Not Known

Date of Contact: _____

OTHER CONSIDERATIONS FOR ALLOCATION OF REFERRAL

(a) Has the service user any preferences relating to who should carry out the investigation? (e.g. Gender) ☐ Yes ☐ No ☐ N/K
If Yes, please specify :

(b) Has the adult in need of protection any other special requirements? ☐ Yes ☐ No ☐ N/K
If Yes, please specify :

(c) Are there issues of safety for the worker? ☐ Yes ☐ No ☐ N/K
If Yes, state what safeguards are in place:

Will the adult in need of protection be visited on the same day as referral received? ☐ Yes ☐ No
If No, state reasons:

SIGNATURE OF DESIGNATED OFFICER:

DATE:

BELFAST HEALTH AND SOCIAL CARE TRUST

ADULT SAFEGUARDING PROCEDURES

ASP2 - ACKNOWLEDGEMENT OF REFERRAL

To be completed by the Designated Officer and returned to Referrer within 2 days

NAME:	ADDRESS:	DATE OF BIRTH:
	TELEPHONE NO:	
OUTCOME OF REFERRAL RECEIVED		
<p>Referral not appropriate for Adult Safeguarding Investigation <input type="checkbox"/></p> <p>Adult Safeguarding Investigation commenced <input type="checkbox"/></p> <p>Name of Designated Officer _____</p> <p>Contact telephone number _____</p> <p>Name of Investigating Officer _____</p> <p>Address _____</p> <p>Contact telephone number _____</p> <p>SIGNATURE OF DESIGNATED OFFICER _____</p> <p>DATE _____</p>		

BELFAST HEALTH AND SOCIAL CARE TRUST**ADULT SAFEGUARDING PROCEDURES****ASP3 - SIGNIFICANT INTERVIEW / EVENT REPORT**

NAME OF PERSON INTERVIEWED:		ADDRESS:	
		TEL. NO:	
COMPUTER NO:			
NAME OF INTERVIEWER:			
DATE:	TIME:	VENUE:	
PURPOSE OF THE INTERVIEW:			
REPORT OF INTERVIEW / EVENT:			

ASP3 - SIGNIFICANT INTERVIEW / EVENT REPORT

SIGNIFICANT INTERVIEW / EVENT REPORT (CONTINUED)	
SUMMARY ACTION AGREED: (IS DASH FORM REQUIRED)	
SIGNATURE OF INTERVIEWER _____ DATE _____	

4. PHYSICAL HEALTH:	
5. SENSORY DISABILITY:	<input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Deaf/ Blind
6. LEARNING DISABILITY - LEVEL OF DISABILITY:	
SERVICE USERS PERCEPTION OF DISABILITY:	
7. MENTAL HEALTH: <i>Prompt – see Consent Issues and the Vulnerable Adult</i>	
Has a psychiatric assessment been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please specify)	
Date:	By whom:
Diagnosis:	
Other information regarding mental state/health:	
8. CAPACITY / consent to issues under investigation: (Please include relevant reports / opinions and bear in mind how client's capacity might be enhanced):	
9. STATUTORY / LEGAL ORDERS (Are any of the following statutory/protective measures already in place or were they previously used or considered under the mental health order?)	
<input type="checkbox"/> Power of Attorney/Enduring Power of Attorney <input type="checkbox"/> Non-Molestation Order <input type="checkbox"/> Application for Guardianship M.H.O. <input type="checkbox"/> Detained for treatment under M.H.O.	<input type="checkbox"/> Referral to Office of Care & Protection M.H.O. <input type="checkbox"/> Harassment Order <input type="checkbox"/> Admission for psychiatric assessment M.H.O. <input type="checkbox"/> Other (details)
10. FINANCIAL CIRCUMSTANCES (Only if relevant)	
National Insurance No: _____	
In receipt of Benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details: _____	
Other income:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details: _____	
Agent/ Appointee/ Controller in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details: _____	
11. CARER'S ASSESSMENT: <input type="checkbox"/> Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Not applicable	

ASP4 - INVESTIGATIVE REPORT/ASSESSMENT OF RISK**RISK ANALYSIS**

RISK IDENTIFIED			
IDENTIFIED BY WHOM			
SPECIFIC EVIDENCE OF RISK / ABUSE			
PATTERN OF ABUSE	Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>	Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>	Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>
PROBABILITY REOCCURRING	Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> High Probable <input type="checkbox"/> Certainty <input type="checkbox"/>	Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> High Probable <input type="checkbox"/> Certainty <input type="checkbox"/>	Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> High Probable <input type="checkbox"/> Certainty <input type="checkbox"/>
SEVERITY OF RISK	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Death <input type="checkbox"/>	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Death <input type="checkbox"/>	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Death <input type="checkbox"/>
SITUATIONAL FACTORS			
POSITIVE FACTORS WHICH MINIMISE RISK			
SERVICE USER/ CARER'S PREFERRED CHOICE / EXPRESSED WISHES			
ADDITIONAL COMMENT			

ASP4 - INVESTIGATIVE REPORT/ASSESSMENT OF RISK**13. RISK TO OR FROM OTHERS**

Are there risks to children and young people? ☐ Yes ☐ No

Has this been referred to the appropriate agency? ☐ Yes ☐ No

If yes, please note who the referral was made to: _____

Are there adults at risk of harm? ☐ Yes ☐ No

If yes, note the discussion and action agreed with the Designated Officer:

Where appropriate have support /services been offered to the person allegedly responsible for the abuse?

☐ Yes ☐ No (if yes, please specify):

14. HUMAN RIGHTS CONSIDERATIONS: (HUMAN RIGHTS ASP7 TO BE COMPLETED IN ALL JOINT PROTOCOL CASES)

Identify the Human Rights that have been considered:

(See attached European Convention guidance and please give details)

Have any of these Human Rights been interfered with? ☐ Yes ☐ No

If yes please complete Human Rights Consideration Form ASP7

15. MARAC (Multi Agency Risk Assessment Conference)

Has a DASH form been completed? ☐ Yes ☐ No

Has a referral been made to MARAC ? ☐ Yes ☐ No

If yes state the date of referral _____

ASP4 - INVESTIGATIVE REPORT/ASSESSMENT OF RISK**16. INVESTIGATION OUTCOME**

- ☐ Further investigation required
 ☐ Confirmed abuse
☐ Allegations are unconfirmed
 ☐ Abuse not substantiated
☐ Other (please specify) _____

WHERE ALLEGATIONS ARE CONFIRMED PLACE X IN THE BOX TO NOTE THE MAIN FORM OF ABUSE.

IF THERE ARE OTHER TYPES OF ABUSE PLEASE TICK RELEVANT BOX.

- | | | |
|---|---|--|
| <input type="checkbox"/> PHYSICAL | <input type="checkbox"/> SEXUAL | <input type="checkbox"/> PSYCHOLOGICAL/EMOTIONAL |
| <input type="checkbox"/> FINANCIAL | <input type="checkbox"/> NEGLECT | <input type="checkbox"/> INSTITUTIONAL ABUSE |
| <input type="checkbox"/> DISCRIMINATION | <input type="checkbox"/> OTHER (please specify) | |

DETAILS OF DECISION MAKING**17. HAS A CASE DISCUSSION / CONFERENCE BEEN CONVENED?**

☐ Yes DATE _____

Client invited ☐ Yes ☐ No

If no give reason: _____

Carer invited? ☐ Yes ☐ No

If no give reason: _____

Advocate invited? ☐ Yes ☐ No

If no give reason: _____

☐ No (please state the reason)

SERVICE USER'S SIGNATURE _____
DATE _____

SIGNATURE OF INVESTIGATING OFFICER _____
DATE _____

SIGNATURE OF DESIGNATED OFFICER _____
DATE _____

MAHI - STM - 206 - 212
BELFAST HEALTH AND SOCIAL CARE TRUST

ADULT SAFEGUARDING PROCEDURES

ASP5 - PROTECTION PLAN

NAME:	DATE CREATED:	DATE OF COMMENCEMENT:	DATE OF REVIEW:
--------------	----------------------	------------------------------	------------------------

RISK	ASSESSED NEED	INTERVENTION	BY WHOM	REASON FOR NOT TAKING ANY ACTION
1.				
2.				
3.				
4.				
5.				

UNMET NEEDS: *(If there are unmet needs, identify when this need can be met and / or the alternative services that have been provided)*

ARE ANY OF THE FOLLOWING ACTIONS REQUIRED (tick all appropriate boxes)

- ☐ REFERRAL TO THE OFFICE OF CARE AND PROTECTION
- ☐ ADMISSION TO A CARE FACILITY
- ☐ NON-MOLESTATION ORDER
- ☐ DASH FORM

- ☐ APPLICATION FOR GUARDIANSHIP M.H.O.
- ☐ ADMISSION FOR ASSESSMENT M.H.O.
- ☐ REFERRAL TO MARAC
- ☐ CARER'S ASSESSMENT

ASP5 – Protection Plan

SERVICE USER'S / CARER'S COMMENTS

SERVICE USER'S SIGNATURE:	AND/OR CARER / ADVOCATE / REPRESENTATIVE'S SIGNATURE:
DATE:	DATE:

INVESTIGATING OFFICER SIGNATURE:	DESIGNATED OFFICER SIGNATURE:
DATE:	DATE:

BELFAST HEALTH AND SOCIAL CARE TRUST

ADULT SAFEGUARDING PROCEDURES

ASP6 - MINUTES

This provides a template to record who attended the meeting, reports submitted and future review arrangements. The Designated Officer will also include a minute of the essential facts, discussion and decisions taken at the meeting.

NAME:	ADDRESS:	DATE OF BIRTH:
COMPUTER NO:	POSTCODE:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
VENUE:		DATE
CHAIR PERSON:		
WAS THE SERVICE USER INVITED? YES <input type="checkbox"/> NO <input type="checkbox"/> WAS THE SERVICE USER IN ATTENDANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(if not give details)</i>		
<u>OTHERS INVITED I.E. ADVOCATE OR CARER</u>		
NAME _____ IN ATTENDANCE YES <input type="checkbox"/> NO <input type="checkbox"/> NAME _____ IN ATTENDANCE YES <input type="checkbox"/> NO <input type="checkbox"/> IF NOT INVITED OR DID NOT ATTEND SPECIFY REASON _____		
<u>NAME OF THOSE PRESENT</u>	<u>TITLE</u>	
List of Apologies Received:		
Reports Submitted by:		

ASP6 – Minutes

Free-text Minutes

Prompt: please evidence due consideration of Human Rights issues through completion of ASP7.

Signed_____

Dated_____

BELFAST HEALTH AND SOCIAL CARE TRUST
ADULT SAFEGUARDING PROCEDURES

ASP7 - HUMAN RIGHTS

If you cannot answer a question, you cannot proceed to the next question. Only take action when you have completed the list.

1. Is there any necessity to take action? ☐Yes ☐No

What are you doing? Why are you doing it?

2. Is there any legal basis upon which to take action? Is there a statutory/mandatory/discretionary power you are using? If so, state it. If not, on what basis are you taking action? (*you should seek legal advice*)

3. What are the Human Rights implications of the proposed action? (Go through Convention List and mark the relevant article and the relevant limitation).

Specify Article and Limitation

ASP7 - HUMAN RIGHTS

4. Is the proposed action proportionate? Is the scale of the action appropriate to the size of the problem? (i.e. consider whether it is intrusive or invasive). Is there an alternative?

Give reasons for your decision

5. Is there an independent public remedy available? If not, consider what will be the effect of failure to give a remedy i.e. Ombudsman/Judicial Review/other Court action)

Specify all available remedies

6. If action is taken, is there "equality of arms"?
Does the person have the same opportunity to gather evidence as you and present it to the Court/Tribunal?

7. Is the action the least possible one?
Is it the least intrusive or invasive?

Specify all available remedies

Signature of Investigating Officer: _____

Date: _____

Signature of Designated Officer: _____

Date: _____

BELFAST HEALTH AND SOCIAL CARE TRUST

ADULT SAFEGUARDING PROCEDURES

ASP8 REVIEW OF PROTECTION PLAN*To be completed by the Investigating Officer*

NAME:	ADDRESS:	DATE OF BIRTH:
COMPUTER NO:	POSTCODE:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
DATE OF LAST REVIEW:		DATE OF THIS REVIEW:

WHO HAS BEEN CONTACTED

- | | | |
|--|---|--|
| <input type="checkbox"/> Service User | <input type="checkbox"/> Service user/NOK | <input type="checkbox"/> General Practitioner |
| <input type="checkbox"/> Psycho Geriatrician | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Hospital Nurse | <input type="checkbox"/> District Nurse | <input type="checkbox"/> Community Psychiatric Nurse |
| <input type="checkbox"/> Care Manager | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Social Care Co-ordinator |
| <input type="checkbox"/> Res. Day Care | <input type="checkbox"/> Rehab Worker | <input type="checkbox"/> PSNI |
| <input type="checkbox"/> RQIA | <input type="checkbox"/> Domiciliary Provider | <input type="checkbox"/> Community Nurse Learning Disability |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Other (please specify) | |

REVIEW AND AMEND PREVIOUS ANALYSIS OF RISK.*Comments:***REVIEW AND AMEND PROTECTION PLANS.***Comments:*

ARE THERE ANY OUTSTANDING HUMAN RIGHTS CONSIDERATIONS ☐ Yes ☐ No
 If yes complete and/or review Human Rights Consideration form (ASP7)

ARE THERE ANY UNRESOLVED ISSUES? ☐ Yes ☐ No

If yes, specify how these may be addressed:

ASP8 - REVIEW OF PROTECTION PLAN

Will this case be reviewed under the Adult Safeguarding Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, Will the Review be via: <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Supervision</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Case Discussion/Conference</div> <div>Date _____</div> </div> Will the designated and investigating officer remain the same <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify: Designated Officer _____ <div style="text-align: right;">Investigating Officer _____</div>	
IF NO, <input type="checkbox"/> The Investigating Officer will continue with a key worker role <input type="checkbox"/> Case transferred to other key worker / service <i>(please specify)</i> _____ <input type="checkbox"/> Close Case <input type="checkbox"/> Other <i>(please specify)</i> _____	
SIGNATURE OF INVESTIGATING OFFICER SIGNATURE OF DESIGNATED OFFICER	DATE DATE

BELFAST HEALTH AND SOCIAL CARE TRUST

ADULT SAFEGUARDING PROCEDURES

ASP9 - CLOSURE / TRANSFER SUMMARY

NAME:	ADDRESS:	DATE OF BIRTH:
COMPUTER NO:	POSTCODE:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>

Adult Safeguarding investigation completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
AGREED ACTION	
Case transferred <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes complete Sections One and Two)</i>	
Case closed <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes complete Section One)</i>	
SECTION ONE	
Has anyone expressed a contrary view to transfer/closure? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes specify)</i>	
Has the service user been informed in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have relevant others been informed in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes specify)</i>	
SECTION TWO	
<input type="checkbox"/> Investigating officer will continue with a key worker role	
<input type="checkbox"/> Transfer to other services <i>(specify)</i> _____	
<input type="checkbox"/> Transfer to Investigating Officer in different team <i>(specify)</i> _____	
<input type="checkbox"/> Transfer to other Trust <i>(specify)</i> _____	
<input type="checkbox"/> Other <i>(specify)</i> _____	
SIGNED INVESTIGATING OFFICER	DATE
SIGNED DESIGNATED OFFICER	DATE

Appendix 4

Emergency Duty Team ASP Form

BELFAST HEALTH AND SOCIAL CARE TRUST

ADULT SAFEGUARDING PROCEDURES

ASP – EDT Alert / Referral Information

Please ensure Sections 1 is fully completed before referral to DESIGNATED OFFICER

NAME:	DATE OF BIRTH: <i>(If not known, please give approximate age)</i>	DATE OF REFERRAL:
ADDRESS:	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	SERVICE GROUP:
POSTCODE:	TELEPHONE NO:	COMPUTER NO:

SECTION ONE

DETAILS OF REFERRER <i>(the person who brings the concerns to the attention of your agency)</i>	
Name:	Relationship to service user:
Job title and agency:	Contact number:

	Name	Address & Tel. No.
Key Worker		
Care Manager		
G.P		
Other		
Family/Carer		
Significant other		

WHO WAS THE FIRST PERSON TO NOTE CONCERN:	
Name & Tel No:	Date:

WHAT IS THE MAIN FORM OF SUSPECTED, ADMITTED OR KNOWN ABUSE?		
<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Institutional abuse
<input type="checkbox"/> Financial	<input type="checkbox"/> Neglect	<input type="checkbox"/> Psychological
<input type="checkbox"/> Discrimination	<input type="checkbox"/> <u>Other</u>	

DOES THIS REFERRAL ORIGINATE FROM:	
<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> MARAC
<input type="checkbox"/> Adult Mental Health Unit	<input type="checkbox"/> Regulated Facilities

- * Section 1 – completed by Referrer
- * Section 2 – completed by Designated Officer

Please ensure Sections 1 & 2 are fully completed before referral to Adult Safeguarding Gateway Team / Learning Disability DO / Mental Health Team DO

ASP – EDT Alert / Referral Information**INCIDENT REPORT**

Background information: *(To include factors precipitating referral, home circumstances, support available, INCLUDING issues of capacity)*

INCIDENT REPORT – LOCATION / DATE / TIME OF INCIDENT *(Please give exact details of what has been reported and if appropriate, note injuries on the attached body chart)*

HAVE THERE BEEN PREVIOUS CONCERNS OR EVIDENCE OF ABUSE TO YOUR KNOWLEDGE?

☐ YES ☐ NO ☐ N/K *(If yes, what was the nature of the concern and the outcome)*

THE SERVICE USER'S USUAL LIVING ARRANGEMENTS

Does service user live alone? ☐ Yes ☐ No

Does alleged abuser live with service user? ☐ Yes ☐ No

Is service user's present location different from home address? ☐ Yes ☐ No

SERVICE USER'S KNOWLEDGE OF REFERRAL

Does person know that a referral may be made? ☐ Yes ☐ No
Has the person consented to a referral? ☐ Yes ☐ No

DETAILS OF ALLEGED PERPETRATOR *(if known)*

Name: **Date of birth:** ☐ M ☐ F

Address:

Does the alleged perpetrator know that an allegation has been made against them? ☐ Yes ☐ No ☐ N/K

Is alleged perpetrator known to service user? ☐ Yes ☐ No
 Please specify:

☐ Family member ☐ Another service user ☐ Paid carer
☐ Trust employee ☐ Other

ASP – EDT Alert / Referral Information

IS THERE ANY ACTION REQUIRED TO AVOID IMMEDIATE SERIOUS RISK?	
Is immediate protection needed for Service User?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is immediate protection taken for others in the vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an agreed Interim Protection Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE:	DATE:
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ASP – EDT Alert / Referral Information**SECTION TWO****ACTIONS AGREED BY EDT DESIGNATED OFFICER UNDER ADULT SAFEGUARDING PROCEDURES**

Was immediate action required to protect the adult in need of protection? ☐ Yes ☐ No
☐ Not Known

Was an interim protection plan agreed? ☐ Yes ☐ No

Is there a need to contact the PSNI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a need to preserve possible forensic evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urgent medical attention required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional care resources or staff provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of safety or respite admission required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Removal of alleged perpetrator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any immediate Human Rights issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (<i>please specify</i>)	

Do Joint Protocol Procedures need to be considered? <i>(if Yes, please complete AJP1)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More info required
What is the outcome of the Joint Protocol consultation Single Agency Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Lead Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Protocol Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABE Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No

- ☐ No further action under Adult Safeguarding Procedures
- ☐ Referral to Adult Safeguarding Gateway Team (Older People/PHSD POC)
- ☐ Referral to Designated Officer (Learning Disability/Mental Health POC)

SIGNATURE OF EDT DESIGNATED OFFICER:**DATE:**

Appendix 5

Domestic Violence Guidance and Documentation – as produced by MARAC

(see attached separate PDF document re MARAC processes)

Appendix 6

Criminal Justice Secure Messaging

Criminal Justice Secure Messaging

In order to safeguard vulnerable adults, there are occasions when Trust staff need to share information with PSNI. The Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (July 2009) recognises the need for effective communication between Trust and PSNI in situations where a crime is suspected.

The Joint Review by RQIA and CJI of the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults recommended that Trusts and PSNI consider ways to enhance communication and Joint Agency working. The Northern Ireland Adult Safeguarding Partnership (NIASP) in conjunction with PSNI have agreed that the Criminal Justice Secure Messaging Network should be implemented to facilitate communication and information sharing. This network affords a high level of security in terms of electronically exchanging information. However, staff are reminded that all the normal legal and practice considerations in terms of data protection, confidentiality and consent are still applicable.

Within Adult Services there is now the facility to set up CJSM user accounts for Adult Safeguarding Leads for each service group, all Designated Officers and staff trained in ABE. There may be other senior managers who would wish to have accounts set up and we will of course facilitate this. The process will be that staff are required to complete the e-Learning and then read and sign Terms & Conditions for connection to CJSM.

The e-learning in relation to Criminal justice Secure Messaging is available on the Hub. The e-learning provides all the relevant information required by staff. Staff will be expected complete the e-learning and sign Terms & Conditions before being placed on the system.

Please note that Yvonne McKnight and Pauline Stewart are the Administrators and the Terms & Conditions should be signed and forwarded, along with CJSM Details Template and your e-learning certificate, to Pauline.Stewart@belfasttrust.hscni.net. You will then be added to CJSM system and sent a 'one-off' password which you need to change when you log onto CJSM. When using CJSM it is your responsibility to ensure that the person you are sending emails to is also registered on CJSM.

Appendix 7

Hospital Pathway Flow Charts

Appendix 8

Regulated Services Pathway Flow Chart

~~MAHT~~ ~~STM 206~~ ~~230~~
HOSPITAL SETTING
REPORTING PROCEDURE FOR RESPONDING TO VULNERABLE ADULT
ABUSE CONCERNS

Concern/complaint/incident of alleged, suspected or confirmed abuse of a patient/vulnerable adult reported

Staff have a duty of care to report all concerns/incidents to their Line Manager/Ward Manager **immediately**

Line Manager /Ward Manager should immediately assess whether the following options need to be actioned

Line manager/Ward Manager should consult with Hospital Designated Officer who has responsibility to screen the referral.

If the incident is reported out of hours and there is an immediate concern or risk the EDT Designated Officer should be consulted

If the patient/vulnerable adult is in immediate danger, take whatever action is necessary to protect the person including:

- contact with hospital security
- report to PSNI

Consultation with Senior Manager (Assistant Service Manager and/or Service Manager) if allegation relates to a hospital based concern/ complaint or incident

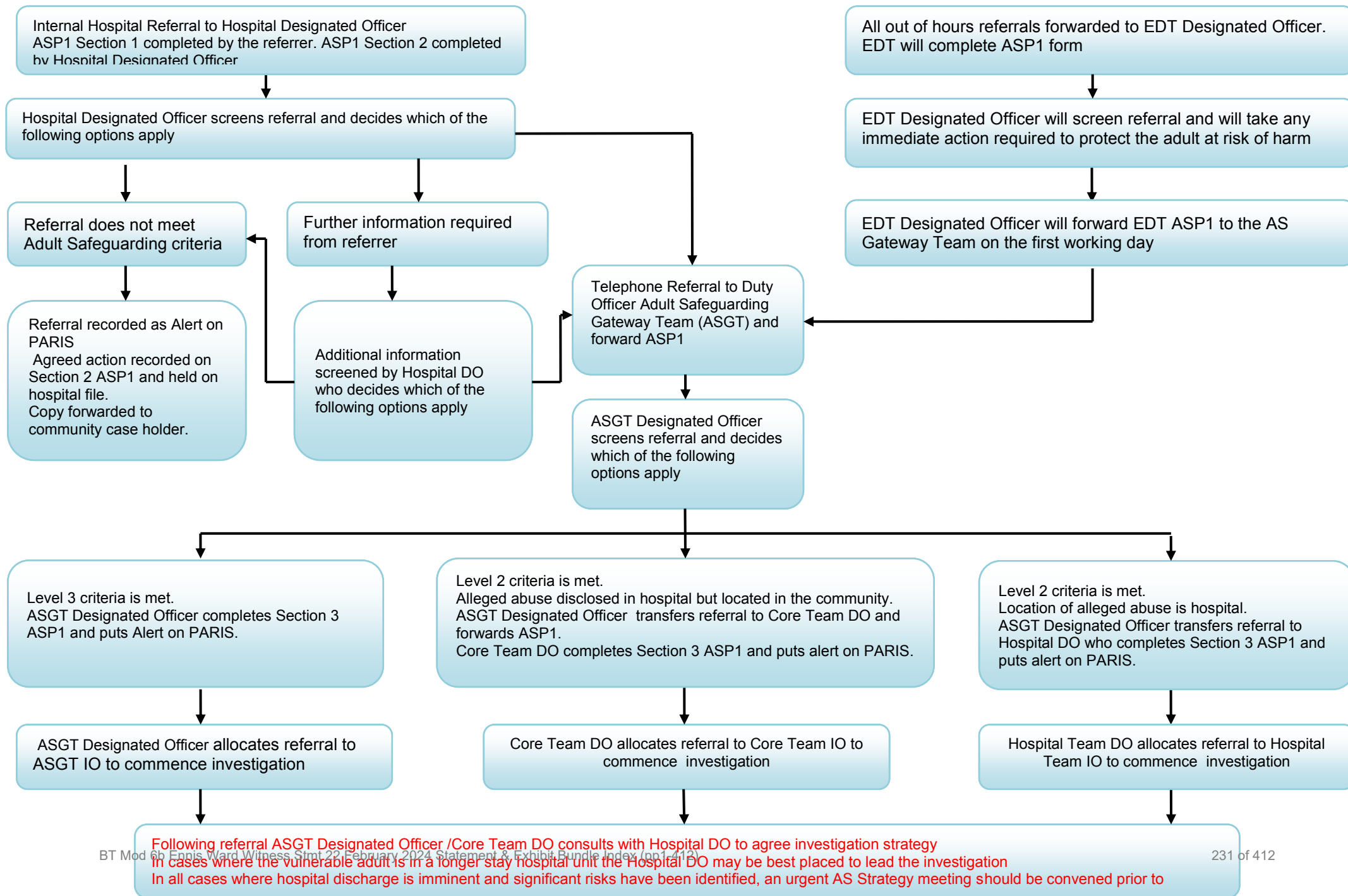
If allegation relates to a staff member, Human Resources should be consulted and consideration given to;

- Disciplinary Procedures
- referral to Professional Body
- referral to ISA

ADULT SAFEGUARDING HOSPITAL REFERRAL PATHWAY

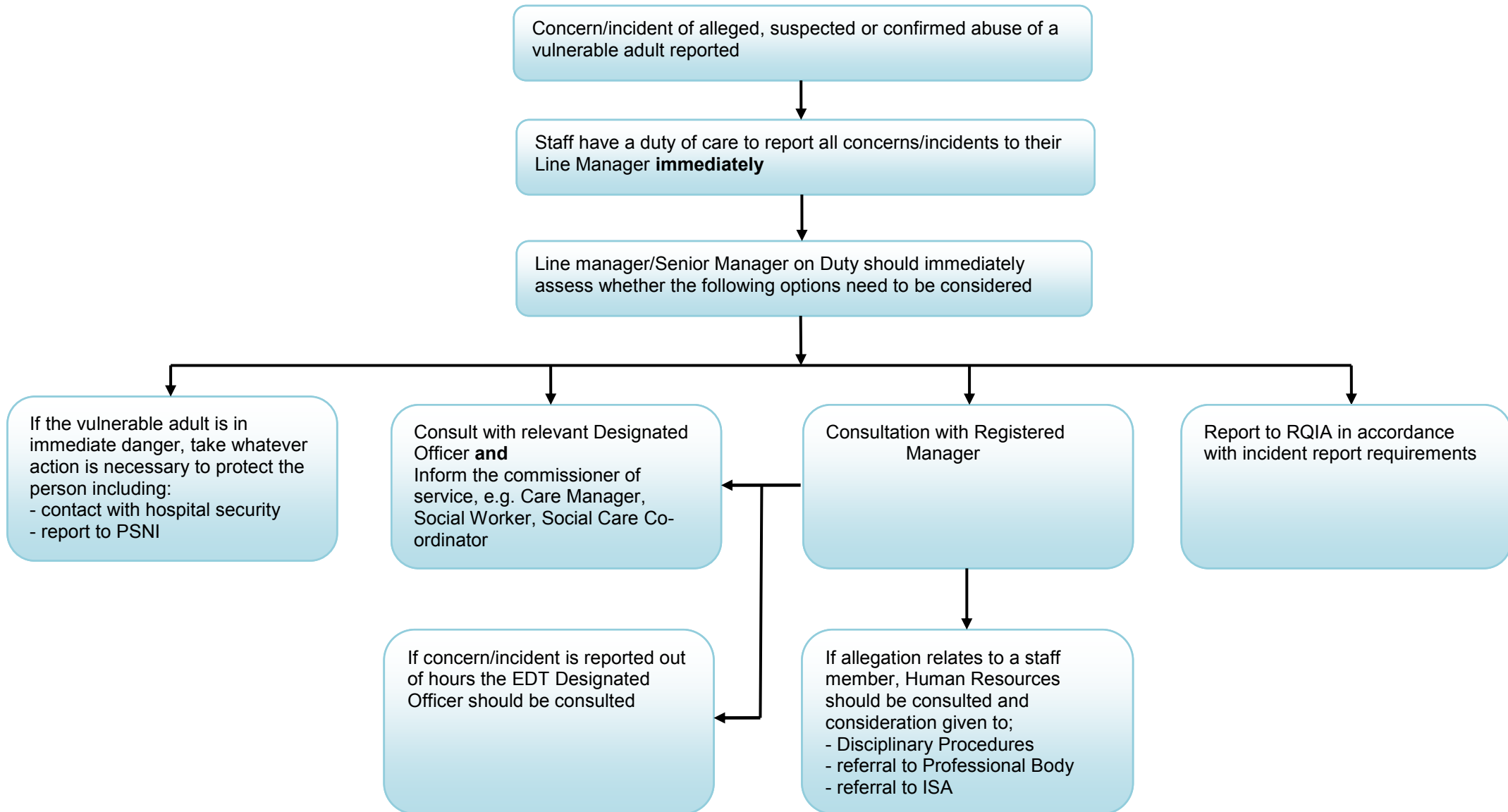
For Older People and PHSO Services
MAH1 - STM - 206 - 231

Appendix 7



REPORTING PROCEDURE FOR RESPONDING TO VULNERABLE ADULT ABUSE CONCERNS IN REGULATED SERVICES

Appendix 8



Appendix 9

Trust Contact Lists

Contact List for Designated Officers

Social Worker Trained	Programme of Care	Work Place	Contact Number
Pauls Potts	Older People	Carlisle ICT	95046327
Fiona Mc Kinney	Older People	Grove Centre	95045871
Roberta Myers	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Mairead Campbell	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Marbeth McKeown	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Anne Marie Fox	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Nuala Kelly	Older people	Provider Unit Carlisle Centre, 40 Antrim Road	90163707
Yvonne Mc Knight	Older People	Knockbracken Health Care Park	95046896
Deirdre Hegarty	Older People	Knockbracken Health Care Park	95046896
Ann Kernaghan	Older People & Physical Disability	Knockbracken Health Care Park	95046896
David Shaw	Older People	Arches Centre	90563330
Clayre Thompson	Older People	Arches Centre	90563330
Ruth Mc Coubrey (nee Adair)	Older People	Arches Centre	90563370
Margaret Dunn	Older People	Arches Centre	90563370
Susan Wilson	Older People	Knockbreda ICT	90631270
Geralyn Ainsworth	Older People	Shankill Centre	950493340
Sandra Cullen	Older people & Physical Disability	Knockbracken Health Care Park	90565707
Pat Fitzpatrick	Emergency Duty Team	Brae Valley	90565444
David Noonan	Older People	Bradbury Centre	90912090
Natalie Magee	Dementia In-patient Service	Knockbracken Health Care Park	95046710
Carmel Fairmichael	Older People	Shankill Well Being & Treatment Centre	95040334

Dermot Dawson	Older People	Beech Hall Well Being & Treatment centre	95040333
Lucia Lavery	Older People	Beech Hall Well Being & Treatment centre	95040333
Jacqueline O'Neill	Older People	Grove Health & Well Being Centre	95046062
Joan McCrudden	Older People	2 nd floor, Admin building, KHCP	95046890
Fionnuala McClelland	Older People	2 nd floor, Admin building, KHCP	95047134
Siobhan Murphy	Community Mental Health team for Older People	Knockbracken Health Care Park	95040346
Brenda Loughheed	Community Mental Health team for Older People	Knockbracken Health Care Park	95040346
David Allen	Community Mental Health team for Older People	Knockbracken Health Care Park	95040346
Colette Johnston	Physical Health & Disability/ Sensory support	Grove Health & Well Being Centre	95049012
Michelle Shannon	Physical Health & Disability	Grove Health & Well Being Centre	95045964
Siobhan McCorry	Physical Health & Disability	Grove Health & Well Being Centre	95046072
Jane McMillan	Physical Health & Disability/ Sensory support	Mount Oriel	90704138
Deborah Mc Bride	Physical Health & Disability	Mount Oriel	90704138
Kevin Burke	Physical Health & Disability	Mount Oriel	90704138
Tracy Reid	Oncology & Palliative Care	Crumlin Rd Health Centre	95048480
Aidan Best	Sensory Support	Bradbury Centre	95049623
Colette Ireland	Learning Disability	Mount Oriel	90630150
Mildred Lorimer	Learning Disability	Maureen Sheehan Centre	90242816

Carmel Drysdale	Learning Disability	Carlisle Centre 2 nd Floor 40,Antrim Road	95045674
Davy Mc Dowell	Learning Disability	Finaghy Library	90204820
Neil Kelly	Learning Disability	Everton complex	90566038
Aine Morrison	Learning Disability	Fairview	90802366
Barry Mills	Learning Disability	Muckamore Abbey Hospital	95047272
Clinton Stewart	Learning Disability	Muckamore Abbey Hospital	95046367
H92	Learning Disability	Muckamore Abbey Hospital	95047120
H188	Learning Disability	Muckamore Abbey Hospital	95046457
Eileen Mc Larnon	Learning Disability	Muckamore Abbey Hospital	95046462
Rhoda Mc Bride	Mental Health	Woodstock	90737548
Michael Bell	Mental Health	Windsor Unit, BCH	95047875 90263929 07810182841
Nicola Marshall	Mental Health	Knockbracken	95046397
Mary O'Brien	Mental Health	Everton complex	95046787
Jackie Scott	Community Forensic Mental Health	Shannon, Knockbracken Health Care Park	95046670
Laura Duffy	Community Forensic Mental Health	Shannon, Knockbracken Health Care Park	95046693

Damian Murdock	Forensic Mental Health	Shannon, Knockbracken Health Care Park	95046598
Una Maguire	Forensic Mental Health	Shannon, Knockbracken Health Care Park	90 916837
Mandy Melaugh	Community Forensic Mental Health	Knockbracken Health Care Park	95046617
Aoine McMahon	Forensic Mental Health	Shannon, Knockbracken Health Care Park	95046378
Pauline McGovern	Mental Health	Howard Building, Twin Spires	90319088
Pauline Quinn	Mental Health	Howard Building, Twin Spires	90319088
Michael Foley	Mental Health-Addictions	Lower Crescent	95049727
Mandy Cowden	Hospital	RVH	90632450
Pat Knowles	Hospital	RVH	90632450
Mary Fagan	Hospital	RVH	90632450
Louise Derrick	Hospital	BCH	95046967
Christina Doyle	Hospital	BCH	95048117
Richard Hardy	Hospital	BCH: Cancer Centre	95048378
Lorraine McFarland	Hospital	Meadowlands and Intermediate Care	95047380
Tony Walsh	Hospital	Musgrave Park Hospital	95048657
Fred Davidson	Hospital	Mater Hospital	95047294

Mary Diamond	Care Management	MAH - STM - 206 - 238 Shankill Resource Centre	95049022 95049151
Fionna McGuigan	Older people	Shankill Well Being & Treatment Centre	95040334
Jane Barry	EDT	Brae Valley	90565444
William Morrow	EDT	Brae Valley	90565444

Investigating Officers Contact List

Staff member Trained	Service Group	Work Place	Contact Number
Danny Quigg	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Ricki Reid	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Pam Borland	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Majella Fegan	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Denise Clarke	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Grace Ferguson Reihill	AS Gateway Team for Older people & Physical Disability	Knockbracken Health Care Park	95041744
Thelma McCullough	Older People	Grove Centre	90636858/50
Joe Mullholland	Older People	Grove Centre	90636858/50
Nikita Tully	Older People	Grove Centre	90636858/50
Marie Thompson	Older People	Grove Centre	90636858/50
Maureen Wright	Older People	Carlisle Centre	90245984
Jon Burwell	Older People	Carlisle Centre	90245984
Shirley Spence	Older People	Carlisle Centre	90245984
Joseph Looka	Older People	Carlisle Centre	90245984
Gillian Ferguson	Older People	Shankill Well Being & Treatment Centre	95040334
Karen McCartney	Older People	Shankill Well Being & Treatment Centre	95040334
Paul Finnegan	Older People <u>IDSS</u>	Shankill health & Well Being Centre	95040334
Allison Poole	Older People	Shankill health & Well Being Centre	95040334

Frances Muldoon	Multiple - 206	Shankill Health & Well Being Centre	95040334
Tanya Killen	Older People	ICT Beech Hall Well Being & Treatment Centre	95040333
Anthony Fitzpatrick	Older People	ICT: Beech Hall Well Being & Treatment Centre	95040333
Zoe Mc McCullough	Older People	ICT: Beech Hall Well Being & Treatment Centre	95040333
Louise Labrooy	Older People	Carlisle Health & Well Being Centre	90163757
Elizabeth Mc Quillan	Older People	ICT Dundonald: Arches	90563370
Nadia Millar	Older People	ICT Dundonald: Arches	90563370
Deirdre Campbell	Older People	ICT Inner Arches	90563330
Mary Mullan	Older People	ICT Inner Arches	90563330
Dorothy Corbett	Older People	ICT Knockbreda	90631270
Liz Morton	Older People	ICT Knockbreda	90631270
Shirley Coleman	Older People Community Stoke Team	Shankill Centre	95040325
Richard Ferguson	Care Management- Older People	Shankill Centre	90315005
Liz Gallagher	Care Management- Older People	Shankill ICT	95040334
Shauna Breslin	Care Management- Older People	Shankill Resource Centre	90315005
Claire Mc Garrigle	Care Management- Older People	ICT Beech Hall Well Being & Treatment Centre	95040333
Mary Mc Corry	Care Management- Older People	ICT Beech Hall Well Being & Treatment Centre	95040333
Alma Caldwell	Care Management- Older People	ICT Beech Hall Well Being & Treatment Centre	95040333
Rose Mc Caffrey	Care Management- Older People	ICT Beech Hall Well Being & Treatment Centre	95040333
Nigel Coulson	Care Management- Older People	ICT Dundonald: Arches	90563370
Jane Adair	Care Management- Older People	ICT Dundonald: Arches	90563370
Alice McTavish	Care Management- Older People	ICT Arches Centre	90563330 90918085
Patricia o' Hara	Care Management- Older People	ICT Arches Centre	90563330 90918085
Bridget Milligan	Care Management- Older People	ICT Knockbreda	90631270

Trevor Conlon	Care Management- Older People	ICT Knockbreda	90631270
Edel Mullan	Care Management- Older People	ICT Knockbreda	90631270
Barbara Mc Meekin	Learning Disability	Carlisle Centre	90163595
Vincent Morrissey	Learning Disability	Carlisle Centre & Mount Oriel	90163595 90630147
Susan Maxwell	Learning Disability	Carlisle Centre	90163595
Donna Mulhern	Learning Disability	Carlisle Centre	90163595
Orla Mc Creary	Learning Disability	Carlisle Centre	90163595
Jacqui Mc Nair	Care Management: Learning Disability	Carlisle Centre	90163595
Damien McNairney	Learning Disability	Carlisle Centre	90163595
Catherine O' Callaghan	Learning Disability	Maureen Sheehan Centre	90242816
Therese Kane	Learning Disability	Maureen Sheehan Centre	90242816
Breige Donegan	Learning Disability	Maureen Sheehan Centre	90242816
Joy Wilson	Learning Disability	Maureen Sheehan Centre	90242816
Nora McAnallen	Learning Disability	Maureen Sheehan Centre	90242816
Bronagh Watters	Learning Disability	Maureen Sheehan Centre	90242816
Leona Gibney	Learning Disability	Maureen Sheehan Centre	90242816
Kathy Bhogal	Learning Disability	Maureen Sheehan Centre	90242816
Wendy Pevy	Learning Disability	Mount Oriel	90630150
Amanda Burgess	Learning Disability	Mount Oriel	90630150
Joanne Blair	Learning Disability	Mount Oriel	90630150
Catherine McGurk	Learning Disability	Mount Oriel	90630150
Catherine McKenna	Learning Disability	Mount Oriel	90630150
Rosie Fleming	Learning Disability	Mount Oriel	90630150
Karen Scott	Learning Disability	Finaghy	90204820
Lorna Brown	Learning Disability	Finaghy	90204820
Carol Witherspoon	Learning Disability	Finaghy	90204820

Anne Marie Byrne	MAHT - STM Learning Disability	206-1242 Finaghy	90204820
Cathy Quinn	Learning Disability	Finaghy	90204820
Janine Moan	Learning Disability	Finaghy	90204820
Amber Getty	Learning Disability	Finaghy	90204820 90163595
Fiona Campbell	Care Management: Learning Disability	Finaghy/ Mount Oriel	90204820 90630150
Rhonda Scott	Learning Disability	Muckamore Abbey	94483407
Pat Byrne	Learning Disability	Muckamore Abbey	94483454
Andrea Bell	Learning Disability	Muckamore Abbey	94483454
Ricky Stewart	Older People	Bradbury Centre	90912090
Andrea Smyth	Older People	Bradbury Centre	90912090
Ken Coyles	Sensory Support	Bradbury Centre	95040200
Marie O'Neill	Sensory Support	Bradbury Centre	95040200
Phyllis Kerr	Sensory Support	Bradbury Centre	95040200
Rhonda Shields	Sensory Support	Bradbury Centre	95040200
Martina Mageean	Sensory Support	Bradbury Centre	95040200
Donna White	Sensory Support/ Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Sharon Evans	Sensory Support/ Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Noirin Curran	Sensory Support/ Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Paul McClory	Sensory Support/ Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Christine Porter	Sensory Support/ Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Sharon Mulholland	Sensory Support / Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Lia Greer	Sensory Support/ Physical Health & Disability	Grove Health and Wellbeing Centre	90636800

Sharon McAleese	Sensory Support/ Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Harry Murphy	Sensory Support Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Orla Conway	Sensory Support Physical Health & Disability	Grove Health and Wellbeing Centre	90636800
Nicola Irvine	Physical Health & Disability/ Palliative Care	Crumlin Rd Health Centre	90741188
Olivia Clarke	Care Management- Physical Health & Disability	Grove Health and Wellbeing Centre	90636858
Pauline Weir	Care Management- Physical Health & Disability	Mount Oriel	90704138
Mary Louise Catherwood	Physical Health & Disability	Mount Oriel	90704138
Louise Piggott	Physical Health & Disability	Mount Oriel	90704138
Helen Kane	Physical Health & Disability	Mount Oriel	90704138
Liz Russell	Physical Health & Disability	Mount Oriel	90704138
Kay Murray	Physical Health & Disability	Mount Oriel	90704138
Frances Rae	Physical Health & Disability	Mount Oriel	90704138
Lianne Rea	Physical Health & Disability	Mount Oriel	90704138
Lorraine Finn	Sensory Support / Physical Health & Disability	Bradbury Centre	90912190
Denise Armstrong	Community Brain Injury Team	Knockbracken Health Care Park	90960085
Johnny Crowe	Sensory Support	Bradbury Centre	95040200
Henry Mayne	Sensory Support	Bradbury Centre	95040200
Linda Doonan	Sensory Support	Bradbury Centre	95040200
Nicola Mc Parland	Oncology & Palliative Care	Knockbreda Centre	90631200
Naomi Frazer	Forensic Mental Health	Shannon Clinic Knockbracken Health Care Park	90 916800
Toni Carlile	Community Forensic Mental Health	Shannon Clinic Knockbracken Health Care Park	90 916800

Paul Keenan	Community Forensic Mental Health	Knockbracken Health Care Park	90565632
Deirdre Mc Kerr	Community Forensic Mental Health	Knockbracken Health Care Park	90565632
Jenny Harron	Forensic Mental Health	Knockbracken Clinic, Knockbracken Health Care Park	90565423
Seamus McGrenaghan	Forensic Mental Health	Knockbracken Clinic, Knockbracken Health Care Park	90565423
Jackie Carr	Community Mental Health	Woodstock Lodge	90737548
Orla Brooks	Community Mental health	Woodstock Lodge	90737548
Mark Johnston	Community Mental Health	Woodstock Lodge	90737548
David Wylie	Community Mental Health	Woodstock Lodge	90737548
Lydia Scholes	Addiction Service	Woodstock Lodge	90737573
Mark Mulligan	Community Mental Health	Woodstock Lodge	90737548
Mairead Mc Veigh	Community Mental Health	Woodstock Lodge	90737548
Ken Wilson	Community Mental Health	Twin Spires	90417410
Emma Mc Farland / McDonald	Community Mental Health	Twin Spires	90417410
Janine Gillespie	Community Mental Health	Twin Spires	90417410
Jenny Harkin	Community Mental Health	Howard Buildings, Twin Spires	90319088
Nicola Aitcheson	Recovery Mental Health	Howard Buildings, Twin Spires	90319088
Nicola Marsh	Community Mental Health	Everton	90566051
Graham Armour	Community Mental Health	Everton	90566051
Seamus Walsh	Community mental Health- Care Management	Everton	90566016
Sandra Curran	Community Addictions Team	Everton	90566057
Brian Gribben	Care Manager	Mental Health Co-Ordination Centre Knockbracken Health Care Park	90565650
Jim Carson	Community Mental Health	Knockbracken Clinic Health Care Park	90565423
Rose Mc Kenna	Mental Health Team for Older People	Knockbracken Health Care Park	95040346

Margaret Gibney	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Asling Laws	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Alison Bloomer	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Anne Maguire	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Brenda Mc Cartan	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Kathy Jenkins	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Eileen Jackson	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Cathryn (Kate) Connolly	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Sharon Moore	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Siobhan O' Connell	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Marie O'Neill	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Roisin Breen	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Carmel Treacy	Mental Health Team for Older People	Knockbracken Health Care Park	95040346
Mildred Philips	Mental Health Recovery team	Windsor	90263646
Browen O'Neil	Mental Health-Home Treatment team	Mater Hospital	90802495
Stephanie Codd	Hospital	BCH	90263600
Claire Henry	Hospital	BCH	90263600
Tony Donaghy	Hospital	BCH	90263600

Taralisa Allen	Hospital	BCH	90263600
George Potts	Hospital	BCH	90263600
Bernie Sands	Hospital	BCH- Cancer Centre	90263600
David Evans	Hospital	BCH- Cancer Centre	90263600
Pauline Shelcott	Hospital	Meadowlands Musgrave Park Hospital	90902911
Linda Jenkins	Hospital (Intermediate Care)	Meadowlands Musgrave Park Hospital	90902359
Irene Montgomery	Hospital (Intermediate Care)	Meadowlands Musgrave Park Hospital	90902359
Mary Kate Kelly	Hospital	Musgrave Park	90902942
Rachel Pedder	Hospital	Foster Green	90944357
Sharon Rainey	Hospital	Mater	90802435
Donna Marie Henderson	Hospital	Mater	90802435
Julie Mc Closkey	Hospital	Mater	90802435
Evelyn Agnew	Hospital	Mater	90802435
Breid Eakin	Hospital	Mater	90802435
Eileen Christie	Hospital	Mater	90802435
Maura Chambers	Hospital	Mater	90802435
Joe Jameson	Hospital	RVH	90632450
Fionnuala Forde	Hospital	RVH	90632450
Gretta Thompson	Hospital	RVH	90632450
Fiona McCullough	Hospital	RVH	90632450
Julieanne Conlon	Hospital	RVH	90632450
James Boyd	Hospital	RVH	90632450
Heather Harbinson	Hospital	RVH	90632450
Anne O' Toole	Hospital	RVH	90632450
Julieanne Conlon	Hospital	RVH	90632450
Jacintha McCaffery	Hospital	RVH	90632450
Maura Welsh	Hospital	RVH	90632450
Paula Rooney	Hospital	RVH	90632450

Deborah Bell	Hospital	RVH	90632450
Michelle Armstrong	Hospital	RVH	90632450
Hilary Kerr	Emergency Duty Team	Brae Valley Annex	90565444
Rosemary Brown	Emergency Duty Team	Brae Valley Annex	90565444
Myra Napier	Emergency Duty Team	Brae Valley Annex	90565444
Berny Wilson	Emergency Duty Team	Brae Valley Annex	90565444
Alison Walker	Emergency Duty Team	Brae Valley Annex	90565444

SOCIAL WORKERS TRAINED
ACHIEVING BEST EVIDENCE

Social Worker Trained	Programme of Care	Work Place	Contact Number
Mairead Campbell	Older People & Physical Health & Disability	Knockbracken Health Care Park	95041744
Roberta Myers	Older People & Physical Health & Disability	Knockbracken Health Care Park	95041744
Majella Fegan	Older People & Physical Health & Disability	Knockbracken Health Care Park	95041744
Marbeth McKeown	Older People & Physical Health & Disability	Knockbracken Health Care Park	95041744
Danny Quigg	Older People & Physical Health & Disability	Knockbracken Health Care Park	90 565707
Susan Wilson	Older People	Knockbreda ICT	90631270
Nicola Marsh	Mental Health	Everton complex	90 566051
Hugh Mulvenna	Mental Health	Dunluce HC	90 204431
Ken Wilson	Mental Health	Twin Spires	90 417410
Emma Mc Farland	Mental Health	Twin Spires	90 417410
Mark Johnston	Mental Health	Woodstock	90 737548
Denise Armstrong	Community Brain Injury	Knockbracken	90 565478
Johnny Crowe	Sensory Support	Bradbury Centre	90 912190
Berny Wilson	Emergency Duty Team	Brae Valley	90 564996
Colette Ireland	Learning Disability	Finaghy	90 204820
Anne-Marie Byrne	Learning Disability	Finaghy	90 204820
Orla Mc Creary	Learning Disability	Maureen Sheehan Centre	90 242816
Leona Giboney	Learning Disability	Maureen Sheehan Centre	90 242816
Carmel Drysdale	Learning Disability	Carlisle Health & Wellbeing Centre,	90 163595
Barbara Mc Meekin	Learning Disability	Carlisle Health & Wellbeing Centre,	90 163595

Appendix 10

Key Contact Details

Key Contacts / External Agencies**Contact details for the Regulation and Quality Improvement Authority between 9.00am – 5.00pm Monday to Friday**

The RQIA Headquarters is located in Belfast at:

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT
Phone: (028) 9051 7500

RQIA is an independent professional body with responsibility for quality assurance in relation to regulated services. They have an inspection function and are required to ensure that legislative requirements in relation to regulation and standards are met.

In relation to vulnerable adult abuse allegations, regulated services are required to follow RQIA reporting procedures.

Police Service of Northern Ireland: 0845 600 8000**Contact details for referrals to Public Protection Units between 9.00am – 5.00pm Monday to Friday****A District – North & West Belfast**

Inspector Ext 28950 Sergeant Ext 28826

B District – South & East Belfast

Inspector Ext 23594 Sergeant Ext 23579

C District – North & South Down, Ards and Castlereagh

Inspector Ext 31160 Sergeant Ext 15782

Allegations of abuse which constitute a crime must be reported to PSNI and consideration given to whether the 'Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults' (July 2009) is applicable.

In all referrals regarding Vulnerable Adults, the Sergeant attached to the relevant PPU will be the first point of contact.

Outside of usual office hours (9.00am – 5.00pm, Monday to Friday) the Duty Inspector in the relevant District should be contacted.

Independent Safeguarding Authority:

Po Box 181
Darlington
County Durham
DL1 9FA

Phone: 0300 123 1111

The Independent Safeguarding Authority (ISA) is a non-departmental public body with responsibility for implementation of the new Vetting and Barring Scheme in England, Wales and Northern Ireland. ISA will require all those working with vulnerable groups to undergo an enhanced vetting procedure before being allowed to commence any relevant duties.

Staff in regulated services will be required to register with ISA over a phased period of time, with implementation of new staff effective immediately. In addition, when concerns emerge regarding poor practice or abuse, consideration needs to be given to referral on to ISA regarding possible barring requirements

Appendix 11

There are 7 categories of abuse as defined in the Safeguarding Vulnerable Adults, Regional Adult Protection Policy & Procedural Guidance 2006.

These are:

- Physical (including inappropriate restraint or use of medication)
- Sexual
- Psychological
- Financial or Material
- Neglect and acts of omission
- Institutional
- Discriminatory

Physical Abuse

The infliction of physical pain, injury or coercion

Physical Abuse can be:

- Acts such as slapping, kicking, tripping, shaking, burning
- General rough handling- pushing
- Restraint: restricting freedom of movement
- Abuse of medication

Possible indicators include:

- Unexplained burns, cuts & fractures
- Bruises, welts, bite marks, injury shape similar to an object
- Prolonged interval between injury & treatment
- Malnutrition
- Signs of force feeding, e.g. bruising around the mouth
- Untreated medical problems
- Signs of under or over medication

Sexual Abuse

Sexual abuse includes acts to which the vulnerable adult has not consented, or is incapable of giving informed consent or was pressured into consenting.

Sexual Abuse can include:

- Harassment
- Taking photographs or videos
- Forced viewing of pornography or sexual acts
- Indecent exposure
- Touching –under or over clothing
- Masturbation- performed or demanded
- Penetration

Possible indicators include:

- Full or partial disclosure or hints
- Torn, stained or bloody underclothing
- Pain or itching, bruises or bleeding in genital area
- Sexually- transmitted disease, infections
- Love bites
- Change in sexual behaviour or language
- Pregnancy in a person who is not able to consent

Financial Abuse

Theft or conversion of money, objects, or property belonging to a person who is vulnerable against their best interests.

Possible indicators include:

- Evidence of theft or extortion
- Lack of necessary food or fuel
- Person lacks cash belongings or services that they can clearly afford
- Unusual or inappropriate bank account activity
- Refusing care because of finances
- Blocking access to material goods including affordable luxuries
- Denial of choice on financial grounds

Emotional/Psychological Abuse

This can include intimidation, humiliation, shouting, swearing, emotional blackmail and denial of basic human rights. Using racist language, preventing someone from enjoying activities or meeting friends.

Possible indicators include:

- Humiliation
- Harassment
- Threatening or insulting behaviour
- Enforced social isolation
- Intimidation and bullying
- Verbal abuse- shouting, swearing
- Emotional blackmail
- Tearfulness
- Low self esteem
- Confusion, agitation
- Coercion

Institutional Abuse

Neglect and poor professional practice may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to continual ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is often referred to as institutional abuse.

Possible indicators include:

- Excessive use of restraint/ inappropriate confinement (physical and chemical)
- Lack of privacy including open toileting and washing
- Conveyer belt basic care
- Lack of stimulation /deprived environment
- Dirty clothing or bed linen
- Poor staffing ratios
- No policy on management of continence
- Poor catering with little choice
- Inappropriate use of rules, custom and practice
- Lack of individual care plans properly implemented

Neglect and Acts of Omission

This can include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Possible indicators include:

- Deprivation of medical attention
- Deprivation of food
- Lack of hygiene
- Lack of ventilation, heat or light
- Over/Under-medicated
- Failure to access appropriate medical care
- Malnourished
- Semi-comatose
- Dehydrated
- Bed sores, rashes, lice
- Coated with faecal matter/ urine stained
- Inadequately clothed
- Untrimmed toenails, matted hair
- Untreated medical needs
- Dry lips, pallor or excessive weight loss
- Dirty or inappropriate clothing for weather
- Shivering or low body temperature which might indicate hypothermia
- Lack of dentures, glasses or hearing aid
- Signs of infrequent bathing
- Physical or mental deterioration with no medical reason
- Confinement
- Person is seen wandering dangerously
- Lack of Food
- Inadequate or over medication
- Care standards that could lead to illness or accidents

Discriminatory Abuse

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, and race or ethnic origin

Possible indicators include:

- tendency for withdrawal and isolation
- fearfulness and anxiety
- being refused access to services or being excluded inappropriately
- resistance or refusal to access services that are required to meet assessed needs



Safeguarding Vulnerable Adults

Regional Adult Protection Policy & Procedural Guidance

You can access this document in English, in large print, 3¹/₂ inch computer disk or CD and at the websites for each of the Health and Social Services Boards:

Eastern Health and Social Services Board
<http://www.ehssb.n-i.nhs.uk>

Northern Health and Social Services Board
<http://www.nhssb.n-i.nhs.uk>

Southern Health and Social Services Board
<http://www.shssb.org>

Western Health and Social Services Board
<http://www.whssb.org>

This document can also be made available in another language or alternative format. For further details and/or additional copies please contact:

Social Services Directorate
Northern Health and Social Services Board
County Hall
182 Galgorm Road
BALLYMENA
BT42 INQ

Telephone Number: 028 25 311216
E-mail: socialservices@nhssb.n-i.nhs.uk



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Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Foreword


The abuse and exploitation of vulnerable adults is an issue that has become more prominent in recent years in terms of public awareness. It has also been increasingly reflected in the priorities of a wide range of organisations through the development of more effective responses and a great deal of progress has been made, as a result of local initiatives. This has resulted in a number of policies and procedures which are broadly similar but which do not allow for the degree of commonality and standardisation needed to underpin effective inter-agency endeavours in this complex area of work.

In 2002 the Department of Health, Social Services and Public Safety (the Department) supported the establishment of the Regional Adult Protection Forum to promote, develop and improve arrangements for the protection of vulnerable adults. It has become increasingly clear that a major contribution to effecting further significant progress lies in the production of regional policy and procedures. The need to address this issue has been brought into even sharper focus, and has been reinforced, by the degree of organisational change proposed by the Review of Public Administration.

In 2005 the Forum received Departmental endorsement to produce standardised, regional procedures. 'Safeguarding Vulnerable Adults', which is based on best practice, represents the outcome of that work and has been subject to widespread consultation. Whilst it marks a major step in improving

adult protection arrangements it has been produced at a time when further change is anticipated in areas such as legislation, governance and models of service delivery. Comparison with equivalent processes in child protection help to illustrate the potential for further amplification and development. It is for these reasons that the Department is committed to reviewing the procedures when the initial phase of the organisational change referred to above has been completed. The Regional Forum will be asked to monitor and oversee this process.

The production of this document represents a major new phase in improving adult protection arrangements across the region. We do not underestimate the commitment that will be required to promote the effective operation of these procedures across the range of relevant organisations, but the Department is committed to ensuring that this happens. We would therefore commend the policy and procedures outlined in 'Safeguarding Vulnerable Adults' and expect it to be used as a framework within which we can effect major changes in this important area of work.



ANDREW HAMILTON

Deputy Secretary

Department of Health, Social Services and Public Safety

September 2006



PART I POLICY

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1.0 Policy - Introduction

- 1.1 Any adult at risk of abuse, exploitation or neglect should be able to access support to enable them to live a life free from violence and abuse. These procedures detail the processes that must be followed in the event of a suspicion or allegation that a vulnerable adult is at risk of abuse, exploitation or neglect. The procedures do not cover other responses to their needs. They are a vital part of a range of prevention, support and protection services offered to meet the needs of vulnerable adults, their families and carers.
- 1.2 The purpose of regional procedural guidance for Northern Ireland is to ensure a co-ordinated and standardised approach by all those who work with vulnerable adults and to establish the principles of good practice in this important area of work. This policy and the procedures which flow from it are derived from best practice in Northern Ireland and with reference to developments elsewhere in the UK.
- 1.3 The most recent guidance from the Department of Health has identified the need to establish a framework for action to ensure that there is:
‘a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety. The agencies’ primary aim should be to prevent abuse where possible but, if the preventive strategy fails, agencies should ensure that robust procedures are in place for dealing with incidents of abuse ’¹.
- 1.4 The following statements underpin the implementation of activities related to the protection and safeguarding of vulnerable adults:
 - agencies and organisations will work co-operatively in the identification, investigation, treatment and prevention of abuse of vulnerable adults;

-
- a consistent response will be made to vulnerable adults when concerns are raised whether these are reported through complaints procedures, inspection or registration activity, as a result of whistle-blowing or as a result of disclosure on the part of vulnerable adults or their carers;
 - action will be co-ordinated against alleged perpetrators to ensure that parallel processes are dovetailed including prosecution, disciplinary action and removal from, or notification to, professional registers and similar bodies;
 - there is a responsibility to share information on a “need to know” basis so that effective decisions can be made and appropriate preventative action taken.

A co-ordinated approach in Northern Ireland will require the adoption and implementation of agreed regional procedures by Boards and Trusts. Such a process will need to include the strengthening of relationships with all providers of services and compatibility with the statutory responsibilities of other agencies and to policies already in force within them, in particular the Police Service of Northern Ireland (PSNI) and the Regulation and Quality Improvement Authority (RQIA).

2.0 Scope

- 2.1** This guidance is for all staff, regardless of employing organisation and sector, who provide health or personal social services to vulnerable adults in any setting or context. It is applicable to the protection from abuse of vulnerable people aged 18 or over and includes older people, people with a learning, physical or sensory disability and people with mental illness or dementia. It covers all types of abuse, including neglect and recognises that vulnerable people cannot always protect themselves.
- 2.2** The procedures within this guidance do not operate independently of other arrangements (see paragraph 1.4), such as complaints and disciplinary procedures, and should be implemented concurrently in order to ensure the protection of the vulnerable adult.

3.0 Definitions

Definition of Vulnerable Adult

- 3.1** The existing definition of ‘vulnerable adult’ varies across Boards and Trusts. It is important that there is a single, agreed definition of this term. The Regional Adult Protection Forum has adopted the Law Commission for England and Wales (1995) definition of a “vulnerable adult” as:

*‘a person aged 18 years or over who is, or may be, in need of community care services **or** is resident in a continuing care facility by reason of mental or other disability, age or illness **or** 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’².*

Adults who “may be eligible for community care services” are those whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. They include adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen; eg whether present from birth or due to advancing age, chronic illness or injury. They also include informal carers, family and friends who provide personal assistance and care to adults on an unpaid basis.

Definition of Abuse

- 3.2** The current definition of abuse is derived from regional guidance issued by the Management Executive, Department of Health and Social Services, in 1996, which states that abuse is:

*'The physical, psychological, emotional, financial or sexual maltreatment, or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship'*³.

3.3 Forms of abuse can be categorised as follows:

- physical abuse (including inappropriate restraint or use of medication);
- sexual abuse;
- psychological abuse;
- financial or material abuse;
- neglect and acts of omission;
- institutional abuse; and
- discriminatory abuse.

3.4 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time.

3.5 Any or all types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Significant Harm

3.6 The Law Commission in its 1995 report² makes use of the concept of significant harm as an important threshold when considering the nature of intervention and defines this as including not only ill-treatment

(including sexual abuse and forms of ill-treatment which are not physical), but also the impairment of physical, intellectual, emotional, social or behavioural development. Significant harm may include the degree, extent, duration and frequency of harm.

4.0 Guiding Principles

4.1 A set of commonly agreed principles underpins this regional procedural guidance. Such principles flow from respect for the rights of vulnerable adults who are entitled to:

- privacy;
- be treated with respect and dignity;
- lead an independent life and be enabled to do so;
- be able to choose how to lead their lives;
- the protection of the law;
- have their rights upheld regardless of ethnic origin, gender, sexuality, impairment or disability, age and religious or cultural background; and
- have the opportunity to fulfil personal aspirations and realise potential in all aspects of daily life.

This includes Human Rights considerations, particularly in relation to Article 2 “the Right to Life”, Article 3 “Freedom from Torture” (including humiliating and degrading treatment), and Article 8 “Right to Family Life” (one that sustains the individual).

Human Rights must be considered in all decision making processes, and due consideration given to concepts of proportionality and equality of arms.

5.0 Individual Rights

5.1 These principles assume that vulnerable adults have the right to:

- be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
- be given access to knowledge and information which they can understand to help them make informed choices;
- information about, and practical help in, keeping themselves safe and protecting themselves from abuse;
- live safely, without fear of violence or abuse in any form;
- have their money, goods and possessions treated with respect, and to receive equal protection for themselves and their property through the law;
- guidance and assistance in seeking help as a consequence of abuse;
- be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will only be over-ridden if it is considered necessary for their own safety or the safety of others;
- be supported in bringing a complaint under any existing complaints procedure;
- be supported in reporting the circumstances of any abuse to independent bodies;
- have alleged, suspected or confirmed cases of abuse investigated urgently;
- receive appropriate support, education, counselling, therapy and treatment following abuse;
- seek legal advice or representation on their own behalf;
- seek redress through appropriate agencies;
- have their rights respected and to have their family, informal carers or advocates act on their behalf as appropriate.

6.0 Inter-Agency Working

6.1 The principles and rights that have been identified can be further strengthened through the promotion of effective inter-agency co-operation, training and multi-disciplinary working. The operating principles which are needed to make this happen have already been specified as part of the recent work between HPSS and PSNI staff in developing procedures to improve co-operation in the field of adult protection⁴.

6.2 These include the requirements for agencies to:

- actively work together within an identifiable inter-agency procedural framework encompassing effective communication, an appropriate risk management framework and clarity about agency and professional responsibility, authority and accountability;
- actively promote the empowerment and wellbeing of vulnerable adults through the services they provide;
- ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within existing procedural frameworks;
- act in a way which supports the rights of the individual to lead an independent life based on self-determination and personal choice;
- ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help, including advice, protection and support from relevant agencies;
- recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and minimised whenever possible; and
- ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

7.0 Confidentiality

- 7.1** In normal circumstances observing the principle of confidentiality will mean that information is only passed on to others with the consent of the service user. However it should be recognised that in order to protect vulnerable adults, it may be necessary, in some circumstances, to share information that might normally be regarded as confidential.
- 7.2** All vulnerable adults and, where appropriate, their carers or representatives need to be made aware that the operation of multi-disciplinary and inter-agency procedures will, on occasion, require the sharing of information in order to protect a vulnerable adult or others, or to investigate an alleged or suspected criminal offence.

8.0 Consent and Capacity

8.1 One of the key challenges in relation to work with vulnerable adults relates to capacity and consent in considering what action should be taken about alleged or suspected abuse. Two key questions need to be addressed:

- (i) did the vulnerable adult give meaningful consent to the act, relationship or situation which constitutes the alleged or suspected abuse?
- (ii) does the person now give meaningful consent to any preventable action, investigation or report to the PSNI?

8.2 It is also necessary to determine both whether the person could consent and whether they did consent. Abuse may occur when any of the following conditions apply:

- the person does not consent;
- the person is unable to consent, either because of issues of capacity or because the law does not permit the vulnerable adult to give consent to a particular act or relationship;
- other barriers to consent exist for the vulnerable adult; eg where the person may be experiencing intimidation or coercion.

8.3 The principles contained in Good Practice in Consent (DHSSPS, 2003)⁵ and enshrined in the legislation relating to mental incapacity which have been enacted in England and Wales⁶, offer some useful guidelines for determining individual capacity and ability to consent. These include:

- a person must be assumed to have capacity unless it is clearly established that this is not so;
- a person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success;

- a person should not be considered as being unable to make a decision merely because he makes an unwise decision;
- an act done or decision made under this legislation for, or on behalf of, the person who lacks capacity, must be done, or made, in his best interests;
- before any action is taken, or decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

8.4 Under this legislation a person is deemed to lack capacity in a matter if, at the same time, he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary. A person is deemed unable to make a decision for himself if he cannot:

- understand the information relevant to the decision;
- retain that information;
- use or weigh-up that information as part of the process of making that decision;
- communicate his decision (by speech, gesture, signing or any other means).

8.5 Where a person is deemed unable to make a decision every reasonable and practicable effort must be made to encourage and permit the person to participate, or to improve his ability to do so as fully as possible in any act done for him and decision affecting him. If it is decided that an adult does not have capacity, then staff should act in a way which is in that person's best interests; ie what is necessary to promote health or wellbeing or prevent deterioration, consistent with existing legislation.



PART II PROCEDURES

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9.0 Introduction

- 9.1** This part of the document outlines the core elements of adult protection procedures. It is important that they identify the responsibilities of different groups of staff, including reporting mechanisms.
- 9.2** The process of dealing with an allegation or suspicion of abuse of a vulnerable adult goes through a number of distinct stages. The following have been identified:
- alerting;
 - referring;
 - screening;
 - planning the investigation;
 - investigating;
 - making decisions;
 - monitoring and review.
- 9.3** Each stage is examined in turn and the roles and responsibilities of staff described. It will not be necessary to follow through all of these stages in every case. A decision may be reached at any stage to resolve the issue by providing care management or other services. At the other end of the spectrum, it may be necessary to reconvene a strategy meeting if new evidence comes to light which moves the focus of the investigation beyond its initial remit.
- 9.4** The protection of vulnerable adults from abuse should always receive high priority from all agencies involved. Concerns about abuse should be reported immediately.

10.0 Alerting

- 10.1** Alerting refers to the responsibility to recognise abusive situations and inform a nominated manager within the agency. It plays a major role in ensuring the protection of vulnerable adults and it is important that all concerns about possible abuse, however trivial, should be reported. An alert may come from any person who has knowledge or a reasonable suspicion that a vulnerable adult has been, or is at risk of, being abused.
- 10.2** Everyone working with vulnerable adults has a duty to report suspected, alleged or confirmed incidents of abuse. In a situation where a staff member has concerns, they should report this immediately to their line manager or to a senior manager if consultation with their line manager would involve undue delay.
- 10.3** If the allegations relate to another employee, the staff member should alert their line manager. If the allegations relate to the line manager, the staff member should report the matter to a more senior manager. It should be noted that the Public Interest Disclosure (Northern Ireland) Order 1998 provides for the active safeguarding and protection of what are commonly known as 'whistle blowers'.
- 10.4** If the person who suspects abuse is employed within the voluntary, private or independent sector, they should report their concerns to their line manager whose responsibility it will be to refer to the appropriate Health and Social Services Trust Officer or Designated Officer.

-
- 10.5** Concerns about suspected abuse by staff should also be reported to the RQIA as outlined in the appropriate regulations. Staff providing assistance to the vulnerable adult at this stage will need to obtain as much information as possible pertaining to the allegation or suspicion of abuse, particularly if a criminal offence has been committed. Staff should only clarify the basic facts of the suspected abuse or grounds for suspicion. They should avoid asking leading questions and should not discuss the allegation with the victim or the alleged perpetrator. Staff should be clear that their role is primarily supportive rather than investigative.
- 10.6** Members of the public wishing to remain anonymous, or persons providing information who do not wish to be identified, should be aware that, while anonymity will be honoured as far as possible, it cannot be unconditionally guaranteed. They should be made aware that they may be required to give evidence, or their name may have to be disclosed in Court.
- 10.7** On receiving an alert of an allegation or suspicion of abuse, the line manager should check that the vulnerable adult's immediate needs are being met; ie that they are in no immediate danger and that medical assistance, if deemed necessary, has been sought.

11.0 Referral

- 11.1** All referrals should be made to the appropriate Designated Officer. This contact may be made by telephone in the first instance, but should be confirmed in writing within 2 working days. The Designated Officer should then acknowledge receipt of the referral within 2 working days.
- 11.2** When deciding the level of urgency of any referral, the degree of apparent risk should be the deciding factor. Some cases of abuse will require a rapid response and service provision must allow for this.
- 11.3** The first priority should always be to ensure the immediate safety and protection of the vulnerable adult. This may involve calling the relevant emergency service or considering, with the vulnerable adult, if they can move to a place where they feel safe. Life threatening situations, such as severe physical abuse, require an immediate response. In all other circumstances, allegations of abuse should be the subject of an initial investigation within 3 working days.
- 11.4** Situations arising outside of normal office hours and requiring immediate intervention should be passed on to the appropriate Out of Hours Social Work Service. The Duty Social Worker should give priority to the protection of the vulnerable person and report to the appropriate Designated Officer at the earliest opportunity when offices re-open.

Allegations against staff and paid carers

- 11.5** Disciplinary investigations of allegations against staff and paid carers will be undertaken within the disciplinary procedures of the employing agency. They should be conducted separately from any enquiry or investigation under Protection of Vulnerable Adult Policies and Procedures, although there may be a need for simultaneous action

and for the co-ordination and sharing of information. Where a criminal investigation is taking place, the disciplinary procedure may not be able to be concluded until this has been completed.

- 11.6** Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect vulnerable adults. Where appropriate, they should report workers to the relevant statutory and other bodies responsible for professional regulation; eg Northern Ireland Social Care Council, Nursing and Midwifery Council, General Medical Council, Protection of Vulnerable Adults' lists.

12.0 Screening

12.1 Decisions around the threshold for intervention are questions of judgement.

The Designated Officer, along with fellow professionals and relevant others must:

- establish the substance of the suspected, alleged or known abuse;
- establish that the individual falls within the scope of the policy.

12.2 It is also important that the person's Human Rights are considered. Unnecessary or premature initiation of a vulnerable adult investigation should be avoided.

12.3 In deciding whether further investigation is necessary, the following factors need to be considered:

- the vulnerability of the individual;
- the nature and extent of the abuse;
- the length of time it has been occurring;
- the impact on the individual;
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults.

Consent and Capacity

12.4 It is important to consider issues of consent and capacity in order to establish the individual's ability to give meaningful consent to the abusive act or situation or to any further investigative process. The guiding principles in relation to these issues are outlined in Section 8 of this document.

Dispensing with Consent

- 12.5** When considering the vulnerable adult's ability to give meaningful consent, there should be full discussion and reference to legal and medical advice before any decision is made. In the context of adult protection, there will be some circumstances in which it will be necessary to over-ride the wishes of the individual even though they are deemed to be capable of giving meaningful consent. These will include situations:
- where there is an over-riding public interest; eg to prevent serious harm or injury to others; or
 - where there is a requirement to investigate a criminal offence.
- 12.6** In all cases where the wishes of the individual are over-ridden, this should be fully explained both to them and their carer or advocate, where appropriate, and recorded in the service user's record.

Outcomes of Screening

- 12.7** Possible outcomes of initial screening may be that:
- no further action is required;
 - referral for an appropriate assessment is made; eg for new or increased services; or
 - further investigation under the Adult Protection Procedures is required.

Where there is a decision not to proceed

- 12.8** In all instances where an investigation is not pursued, the reasons for this decision, the personnel involved and any contrary advice should be noted. The file note should be countersigned by the line manager and Designated Officer and forwarded to the appropriate senior manager.

12.9 The decision not to proceed under the Adult Protection Procedures does not necessarily mean that there are no issues about the adult's welfare. These may be addressed by other types of intervention; eg referral for an assessment of the individual and/or their carer. It is important to record details of any intervention provided or offered on the service user's record.

13.0 Planning the Investigation

Identifying Roles

- 13.1** The appropriate agency to lead the investigation will be the HSS Trust. Where another possible lead agency, such as the PSNI, is involved the host Trust should take a lead in ensuring that a strategy discussion take place and in co-ordinating the arrangements for this.

The PSNI has a legal duty to investigate alleged criminal abuse. Where there is a possibility of a criminal prosecution, the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults⁴ **must** be followed.

On receipt of a referral, the Designated Officer will convene a strategy discussion and will appoint an Investigating Officer.

Strategy Discussion

- 13.2** The purpose of the Strategy Discussion is to ensure an early exchange of information, to clarify what immediate action needs to be taken by whom and to determine the method of investigation. This should take place within one working day of referral to the Designated Officer unless good practice dictates otherwise. In most instances it will be appropriate for the Strategy Discussion to take place by telephone but, in a particularly complex referral, the telephone discussion may be extended to a meeting.
- 13.3** All relevant professionals and agencies should be involved in the discussion. The Regulation and Quality Improvement Authority (RQIA) must be notified in all situations where concerns have arisen in any registered establishment or agency as per the regulation. At this stage, in the case of allegations against staff members, consideration also has to be given to involving the relevant Human Resources Department.

13.4 The strategy for investigation should always be informed by information gained by those who have knowledge of the person and his or her circumstances. This may not be possible in a minority of cases; eg some referrals may require immediate action by the Trust or PSNI to ensure the protection of the person or the apprehension of a suspect.

Outcome of Strategy Discussion

13.5 The Strategy Discussion will make decisions on the following:

- the need for immediate protection;
- whether to proceed under the Adult Protection Procedures;
- the method of investigation; ie single or joint agency;
- who will co-ordinate the investigation and conduct any interviews;
- whom to interview;
- the roles and responsibilities of those involved;
- the need for protection of others viewed at risk;
- the need for medical/psychiatric/psychological assessment;
- what arrangements will be made for a person with a disability or special needs including the requirement for an interpreting service;
- what support the vulnerable adult, informal carers and family members will be offered during the investigation, as well as the alleged perpetrator if they are a vulnerable adult or service user;
- the wishes, if known, of the vulnerable adult involved;
- the rights of those involved in the investigation;

- the need to report to other bodies, such as RQIA, Mental Health Commission, Professional Bodies;
- arrangements for reporting back to the Designated Officer;
- a communication strategy/press statement (if appropriate).

13.6 A record of the Strategy Discussion must be completed by the Designated Officer or Chair of the Strategy Discussion Meeting.

Methods of Investigation

13.7 Depending on the decisions of the Strategy Discussion, the investigation may proceed through single agency investigations, joint investigations or joint investigations with the PSNI.

(a) Single Agency Investigations

These are investigations where intervention rests solely with one agency; eg Trust, PSNI.

(b) Joint Investigations

These are investigations which involve more than one agency or organisation but which lie outside the 'Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults' (eg Joint Investigations between Trust, RQIA, voluntary organisations, etc).

(c) Joint Investigations with the Police

A detailed consideration of the need for a joint investigation with the PSNI will be triggered when there is an allegation or suspicion that one of the following criminal offences has been committed against a vulnerable adult:

- a sexual offence committed against a vulnerable adult;
- physical abuse or ill-treatment amounting to a criminal offence;
- financial abuse involving a criminal offence such as fraud or theft; or
- abuse which involves a criminal offence; eg blackmail.

13.8 The vulnerable adult should be advised of their right to report the alleged or confirmed abuse to the PSNI at an early stage.

13.9 In all cases of alleged or suspected criminal abuse, the Designated Officer should consult with the relevant Police Liaison Officer. It will be the responsibility of the Police Liaison Officer to help determine whether the matter may involve criminal abuse and thereby inform the decision concerning what level of enquiry or investigation is necessary.

13.10 Alleged or suspected sexual abuse should be reported to the Detective Inspector - Child Abuse and Rape Enquiry (CARE) team who holds the role of Police Liaison Officer for sexual crimes.

13.11 Alleged or suspected non-sexual abuse should be reported to the Police District Command Unit (Crime Manager) who holds the role of Police Liaison Officer for non-sexual crimes.

13.12 Where more than one form of abuse is alleged or suspected, sexual offences will take precedence and these cases should be referred in the first instance to the Detective Inspector (CARE).

13.13 A referral to the PSNI does not automatically mean that a joint investigation will be initiated. In the majority of cases, the PSNI will only proceed with the consent of the vulnerable adult. In practice this means that the vulnerable adult should be willing to make a complaint to the PSNI. However there are some exceptions to this:

- where the vulnerable adult is deemed not to have capacity;
- where the vulnerable adult is subject to undue influence;
- where others may be at risk;
- to prevent a crime being committed;
- where the vulnerable adult has been the victim of a serious crime or a serious crime may take place.

13.14 Where a decision to proceed to joint investigation is taken, the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults **must** be followed.

13.15 Where the vulnerable adult receives a service from a registered establishment or agency, the Designated Officer must refer the matter immediately to the appropriate Inspector within RQIA. Close liaison and co-operation in relation to this will be essential in order to ensure an effective outcome. This procedure applies to statutory, private and independent sector provision.

The Manager of the registered facility or service also has a responsibility to inform RQIA of any ongoing investigations.

13.16 Where care is being purchased outside of the Board/Trust area, the Designated Officer of the host Trust should liaise with the Trust who has made the placement to satisfy themselves, of the individual's ongoing protection. They should also ensure that the allegation has been notified to the relevant Inspector within RQIA.

Accident and Emergency and Hospital In-Patients

13.17 When a vulnerable adult presents at an Accident and Emergency Unit or is a patient in a hospital facility and there is a concern or allegation of abuse, the hospital staff have a duty to alert their line manager. The

line manager should refer to the Designated Officer for the hospital who will, in turn, liaise with the appropriate Designated Officer in the community to determine who will take the lead role in the investigation.

- 13.18** It is essential that all professionals involved liaise effectively and that a Care and Protection Plan is in place before the patient is discharged. The Designated Officer for the hospital should inform the appropriate senior manager within Clinical Services and the RQIA of any investigation that takes place and its outcome.
- 13.19** Where the concern or allegation relates to a vulnerable adult who is known to Mental Health services or the Learning Disability Programme of Care, the Designated Officer for the hospital should inform the Mental Health Commission when an investigation is initiated and also of the eventual outcome.

Individuals who are in receipt of Direct Payments

- 13.20** People who are purchasing their own services through the Direct Payments scheme and their relatives should be made aware of the arrangements for the management of adult protection in their area. Such service users should receive the same level of support and protection as any other vulnerable adult if abuse occurs.

14.0 Investigating

- 14.1** The investigation strategy should be implemented as agreed at the Strategy Discussion. The Investigating Officer will take the lead role in undertaking the investigation and in keeping the Designated Officer informed. This role will require an experienced and suitably trained professional who will be responsible for direct contact with service users, informal carers or relatives involved in the case. In many instances, it will be appropriate to involve other staff in the investigation in order to ensure that an appropriate assessment is made.
- 14.2** The involvement of the vulnerable adult and significant others should be a primary consideration during the investigation.
- 14.3** The purpose of the investigation is to:
- establish the facts about the circumstances giving rise to the concern about the abuse or neglect;
 - decide if there are grounds for concern;
 - identify the sources and levels of risk;
 - determine who is responsible and recommend what action or support may be necessary in relation to them;
 - decide protective or other actions in relation to the persons concerned or any other vulnerable adult.
- 14.4** The Investigating Officer should ensure that the alleged victim is interviewed, if appropriate. The process of investigation may take several interviews. The needs of the vulnerable adult, informal carer or carers and, where appropriate, the alleged abuser should be considered. Investigations need to be handled with the utmost sensitivity, recognising that both parties may have a continuing relationship into the future. Where the individual makes a direct

disclosure of abuse, they should **NOT** be interviewed in the presence of the alleged perpetrator unless in exceptional circumstances.

- 14.5** The vulnerable adult may wish to have someone else present during the interview - a carer, friend, independent advocate or another member of staff. This should be facilitated where possible. There may also be the need to have an interpreter present where communication difficulties arise.
- 14.6** In instances of abuse that constitute a criminal offence and there is a decision that Social Services and PSNI will jointly interview the vulnerable adult this can **only** be undertaken by an interviewer who has been trained in the procedures specified in Achieving Best Evidence ⁷. It will be the responsibility of each agency to ensure that the interview and investigation process is properly supervised and supported by relevant managers who have been trained in these procedures.
- 14.7** The Investigating Officer should keep the Designated Officer fully informed of developments throughout the investigation process.
- 14.8** When interviewing alleged perpetrators, agencies and staff should remain mindful of the potential for violence and aggression. They should adhere to agency risk management/health and safety policies to ensure staff are adequately protected in such circumstances.
- 14.9** If there are no significant indicators of risk or insufficient evidence to substantiate concern, a written record should be made by the Designated Officer which clearly sets out the reasons for taking a decision not to proceed to formal Case Discussion. Consideration should be given to whether:
- the vulnerable adult or significant others require counselling regarding the investigation;

- the person or others; eg their carers should be assessed for services;
- a multi-disciplinary care planning meeting should be convened.

Actions if there are indicators of continuing risk

14.10 When one of the following occurs:

- the abuse is confirmed;
- there is substantial risk of abuse;
- there are suspicions of abuse and doubt remains;
- the vulnerable adult refuses help;
- action is going to be required by more than one agency;

a Case Discussion should be convened and chaired by the Designated Officer as soon as possible and no later than 14 working days after the completion of the investigation. The purpose of the meeting is to identify risks and the actions necessary to manage those risks.

14.11 The Case Discussion may take the form of:

- (a) a formal Case Discussion; eg when the individual is deemed not to have capacity to consent; in situations where there may be more than one victim of the abuse or where a multi-agency response is required;
- (b) a Family Group Conference; eg where family relationship issues need to be addressed and family decisions are required;
- (c) a Risk Management Meeting; eg where the focus of discussion is on the risks and the actions needed to alleviate them, for example in the case of medication misuse.

The Designated Officer will decide which meeting format is most appropriate and will both support the vulnerable person and secure commitment to any Care and Protection Plan.

Irrespective of which approach is adopted, the ongoing protection of the vulnerable adult must remain the key focus of the discussion.

15.0 Making Decisions

15.1 Regardless of the format adopted, the purpose of the Case Discussion is to consider the Investigating Officer's report and to formulate an agreed Care and Protection Plan for the individual. The tasks of the initial meeting are:

- to share and evaluate the information gathered in the investigation;
- to assess the level of risk to the vulnerable adult;
- to agree an inter-agency Care and Protection Plan;
- to appoint a key worker to oversee the implementation of the Care and Protection Plan;
- to identify any therapeutic interventions and follow-up work for the person who has been abused;
- where appropriate, to establish a Care Plan to work with the perpetrator if he or she is also a person who is vulnerable;
- to arrange appropriate follow-up support for carers if necessary;
- to agree a review date within 3 months;
- to inform RQIA of agreed action.

Attendance at Meeting

15.2 The circumstances will dictate who it is appropriate to invite to the meeting. All agencies and professionals who have been involved in the investigation or who may play a role in providing services to the vulnerable adult should be included as well as the vulnerable adult and their carer.

However, it may not be appropriate for the vulnerable adult and alleged perpetrator to be involved in these meetings when a PSNI investigation is in process.

- 15.3** The vulnerable adult may choose to attend with an advocate or other representative. Alternatively they may choose for an advocate or other person to attend the meeting on their behalf.
- 15.4** If the carer is the suspected abuser, the vulnerable adult's views should be taken into account concerning the carer's attendance. If the vulnerable adult's ability to understand the procedure makes their attendance inappropriate, the Designated Officer should ensure that their views are represented. The sequence of events in the meeting needs to be considered and the vulnerable adult or their carer should not be present when disciplinary matters or action to be taken in regard to another service user are being discussed.
- 15.5** If the alleged perpetrator is also a vulnerable adult, their needs may have to be considered in a separate meeting.
- 15.6** The following is a checklist of those who may be required to be in attendance at the meeting:
- staff members who can assist in clarifying what is known about the actual or potential abuse;
 - professionals who have taken part in the adult protection investigation and any investigation in relation to other procedures and criminal matters, including the PSNI;
 - staff who can contribute to the formulation of a Care and Protection Plan (Social Workers, Care Managers, Community Nurses, Health Visitors, Allied Health Professionals such as Occupational Therapists, Residential and Day Care staff);
 - General Practitioner;

- Consultant/Accident and Emergency Staff;
- RQIA Representative;
- Professionals who can offer specialist advice; eg Psychiatrists, Psychologists, Legal Representative, Social Security Agency, Northern Ireland Housing Executive;
- the vulnerable adult and their carer, where appropriate;
- an advocate for the vulnerable adult, where appropriate;
- an interpreter for the vulnerable adult, where required.

15.7 Once a long-term plan has been formulated, a small group of staff from the various disciplines and agencies involved should be identified as the core group who will work together to implement and review the Care and Protection Plan.

Non Attendance at Case Discussion

15.8 Those who are invited to a formal Case Discussion meeting, but who are unable to attend, should ensure that their contribution is made through a written report to the Designated Officer. Particular attention should be paid to arranging the meeting so that those with a particular contribution and otherwise inflexible commitments can attend.

User and Carer Involvement

15.9 In deciding the appropriate meeting format, consideration should be given to ensuring that the views of the vulnerable adult and carers are heard or represented in what may be a potentially intimidating situation for them. Participation can be encouraged in the following ways:

- meetings should be held at a time and place which is convenient for the vulnerable adult and their carer(s);
- the procedures involved should be explained;
- the vulnerable adult and their carer(s) should be given help in preparing their views on the issues identified;
- the vulnerable adult should have access to an independent advocacy service;
- meetings should be service oriented and use jargon-free language.

Recording the Meeting

15.10 The Designated Officer should arrange for an accurate minute of the proceedings to be made, which clearly identifies decisions made, by whom actions are to be taken, and the agreed timescales for action and review. Any dissent should be recorded and resolution agreed. The minute should be signed by the Designated Officer and copied to all participants.

15.11 All agencies should identify arrangements, consistent with principles of fairness, for making records available to those affected by, and subject to investigation.

Agreeing the Care and Protection Plan

15.12 A Care and Protection Plan should be drawn-up in consultation with the vulnerable adult that sets out:

- what steps are to be taken to ensure their safety in the future;
- what service, treatment or therapy they can access;
- modifications in the way services are provided to them;
- how best to support them through any action they take to seek justice or redress;
- any ongoing risk management strategy, where this is deemed appropriate; and
- who is responsible for the implementation and ongoing management of the Care and Protection Plan. This may be the service user's key worker, the Investigating Officer, or other nominated person.

15.13 The Designated Officer must ensure that the Care and Protection Plan is circulated to all relevant parties, including the vulnerable adult and their carer, if appropriate, within 3 working days.

15.14 The Care and Protection Plan may also address the need to work with the perpetrator of the abuse. Where the perpetrator poses a risk to others, the Designated Officer should share this information with relevant others. (see Section 7).

15.15 Particular attention is needed in planning care which may be required in the future; for example, a vulnerable adult may be safe while the person who abused them is being held in custody or prison but protection may need to be reinstated when that person is released.

16.0 Monitoring and Review

- 16.1** Monitoring an individual case involves overseeing the services provided for the vulnerable adult to ensure that the individual's Care and Protection Plan is effective in protecting them from further abuse.
- 16.2** In situations where the vulnerable adult is considered to be still at risk, the case should be kept under review and further action taken within 24 hours or as considered necessary to safeguard them.
- 16.3** The Care and Protection Plan will have identified the person responsible for monitoring its operation. This should be reviewed with service providers, the vulnerable adult and carers within 10 working days of its implementation. Any concerns that arise about the operation of the Care and Protection Plan should be reported to the Designated Officer. If the responsible person is ceasing to work with the vulnerable adult, they must inform the Designated Officer immediately so that a replacement can be arranged.
- 16.4** The Care and Protection Plan should be further reviewed at a minimum of 3 monthly intervals, or more often if necessary.
- 16.5** The decision to cease reviews should normally be made following a formal Case Discussion. However there may be circumstances in which it is obvious that the vulnerable adult is no longer exposed to any risk, such as no further contact with the abuser or moving to a more protective environment. The Designated Officer must inform all relevant parties of the decision to end the review process in writing, and to ask for their views.

- 16.6** At the initial or review Case Discussion meeting, it may be decided that the case can be satisfactorily managed within existing line management arrangements. In these circumstances:
- the first meeting must take place within 6 weeks of the case conference;
 - the line manager and the responsible person will address the concerns identified at the Case Discussion meeting.
- 16.7** Where a case remains open for other forms of intervention, the date of closure of adult protection reviews should be clearly recorded. The file note should be countersigned by the line manager and the Designated Officer and forwarded to the appropriate senior manager.

Monitoring for Statistical Purposes

- 16.8** Periodic audits of individual adult protection case records will enable strengths and weaknesses in current practice to be identified.

Standardised recording and monitoring systems should be agreed across agencies to assist such information gathering.

- 16.9** Accurate and consistent monitoring of vulnerable adult data will increasingly enable agencies across the region to base their policy and practice on sound and relevant evidence, highlighting trends and assisting in the planning process.
- 16.10** RQIA may not be directly involved in the investigation but reserve the right to monitor and conduct an overview of the investigation carried out by a HSS Trust.



PART III LEGAL FRAMEWORK

There is no specific legislation or body of common law relating to situations of risk or abuse of vulnerable adults. However there are pieces of legislation which seek to provide some protection and provide a potential framework for action. This list below is not finite:

- Criminal Law Amendment Act 1885;
- Offences Against the Person Act 1861;
- Marriages Act (Northern Ireland) 1954;
- Criminal Law Amendment Act (Northern Ireland) 1923;
- Public Health Act 1967;
- Health and Personal Social Services (Northern Ireland) Order 1972;
- Matrimonial Causes (Northern Ireland) Order 1978;
- Sexual Offences (Northern Ireland) Order 1978;
- Domestic Proceedings (Northern Ireland) Order 1980;
- County Courts (Northern Ireland) Order 1980;
- Mental Health (Northern Ireland) Order 1986;
- Marriage Act (Northern Ireland) 1983;
- Enduring Powers of Attorney (Northern Ireland) Order 1987;
- Prevention of Terrorism (Temporary Provisions) Act 1989;
- Police and Criminal Evidence (Northern Ireland) Order 1989;
- Northern Ireland (Emergency Provisions) Act 1996 and 1998;
- Homosexual Offences (Northern Ireland) Order 1982 as amended by Section 145(3) of the Criminal Justice and Public Order Act 1994;
- Human Rights Act 1998;

- Criminal Evidence (Northern Ireland) Order 1999;
- Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and Associated Regulations;
- Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003;
- Carers and Direct Payments Act (Northern Ireland) 2002.

Staff must interpret the rights, duties and powers available and apply them to individual circumstances. The following highlight some of these available to staff.

Human Rights

The Human Rights Act 1998 is an Act of the Westminster Parliament which makes the European Convention on Human Rights part of the law of all parts of the United Kingdom. Although passed in 1998, the Human Rights Act did not fully come into effect until 2nd October 2000. In making the European Convention part of the law of Northern Ireland, the Human Rights Act allows individuals and organisations to go to Court, or to a tribunal to, seek a remedy if they believe that the rights conferred on them by the European Convention have been violated by a public authority (Section 7).

There are three main areas of law which provide a legal framework for the protection of vulnerable adults.

Criminal Law

Vulnerable adults are protected in the same way as any other person against criminal acts. If a person commits theft, rape or assault against a vulnerable adult they should be dealt with through the criminal justice system, in the same way as in cases involving any other victim. Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action. The Police should therefore always be consulted about criminal matters. Failure to disclose to the Police any information about a suspected criminal offence as defined in Article 26 of the Police and Criminal Evidence (Northern Ireland) Order 1989 is itself a crime.

Under the above Order provision is made for 'an appropriate adult' to protect the interests of the mentally ill or impaired individual while in Police detention.

The Criminal Evidence (Northern Ireland) Order 1999 makes provision for special measures, previously introduced for children when giving evidence, such as CCTV links and video recorded evidence-in-chief, to be extended to include vulnerable adults.

Indecent assault on a female is contrary to Section 52 and on a male is contrary to Section 62 of Offences Against the Person Act 1861. For an act to be considered an indecent assault there has to be actual or apprehended physical contact in 'circumstances of indecency' to which one or other party does not consent. This offence can be committed by either a man or a woman. Since a person with a severe

learning disability cannot, in law, give consent, this means that any sexual contact between this person and someone who is not, may be construed as being indecent assault.

Article 3, Sexual Offences (Northern Ireland) Order 1978 states that a man commits rape if he has sexual intercourse with a woman whom he knows does not consent to it or where he is reckless as to whether she consents or not.

The Mental Health (Northern Ireland) Order 1986 gives power to an Approved Social Worker:

- (i) to make an application for assessment in respect of a mentally disordered person;
- (ii) to authorise admission to hospital of a mentally disordered person.

The assessment of risk is a critical element in the process of compulsory admission and all applications for assessment must be founded on the recommendation of a medical practitioner and made by an Approved Social Worker or nearest relative as defined by the Mental Health Order. In cases of dementia, it is the degree of impairment rather than the dementia itself which constitutes the mental disorder in terms of the legislation.

The purpose of Guardianship (Article 18) is primarily to ensure the welfare (rather than the medical treatment) of a person in a community setting where this cannot be achieved without the care of some or all of the powers vested in Guardianship. It provides a less restrictive means

of offering assistance to a person who, either, has a mental illness or severe learning disability and should be considered as an alternative to detention in hospital.

To be received into Guardianship, a person must meet two criteria:

- (i) he or she must be suffering from 'mental illness or severe mental handicap'; and
- (ii) reception into Guardianship must be necessary in the interests of the welfare of the person.

The purpose of appointing a Guardian is to enable the '*establishment of an authoritative framework for working with the person with a minimum of constraint, to help them achieve as independent a life as possible within the community*'.

A Guardian has three essential powers:

- (i) to require the person to reside at a certain place;
- (ii) to require the person to attend for medical treatment, occupation, education or training at specific times and places; and
- (iii) to require access to be given at any place where the person is residing, to a doctor, Approved Social Worker or other person so specified by the Board.

Article 107 imposes a duty on employees of any Board, Trust, Nursing Home or home for persons in need to refer cases of adults deemed incapable of managing their affairs to the Office of Care and Protection, where no suitable arrangements are in place for the administration of their finance and business affairs. Even in cases where the estate may

not be sizeable and where there are no suitable arrangements in place to deal with the estate, there is a statutory duty on the aforementioned to refer the case to the Office of Care and Protection. The responsibility is on the social worker to make adequate representation to the Court and to provide as much information as possible.

Article 121 states that it is an offence for a member of an administrative board or a staff member of a hospital or private nursing home to ill-treat or neglect a patient who is either receiving in-patient or out-patient treatment. Any individual who ill-treats or neglects a patient who is subject to Guardianship under this Order or who is otherwise owed a duty of care will also be guilty of an offence.

Article 122 offers protection to women who have a severe learning disability. It specifies that it is unlawful to have sexual intercourse with them, to encourage their prostitution, to supply premises for the purpose of sexual intercourse with them, or to take the person away from their carers in order to have sexual intercourse with them. Clinical assessment of their degree of disability is therefore very important when considering issues concerned with sexual activity either potential or actual and should be carried out by a clinical psychologist or psychiatrist specialising in the field of learning disability.

Article 123 makes it an offence for a man to have unlawful sexual intercourse with a woman suffering from any form of mental disorder if the man is a manager or, is on the staff of a hospital or residential home in which the woman is an in-patient. This applies to any mental disorder. The same prohibition applies to Guardians.

Article 37 of the Health and Personal Social Services (Northern Ireland) Order 1972 makes provision to allow the removal to suitable premises of 'persons in need of care and attention'. It is usually only applicable in situations of self neglect and where the risk to the person's health is so great that intervention is deemed necessary although there is not a clearly defined mental disorder sufficient to require admission for assessment under the Mental Health (Northern Ireland) Order 1986.

Public health legislation may be used in circumstances where a person who is vulnerable is living in conditions of extreme squalor. An Environmental Health Officer from the local Council would carry out an assessment and issue an Improvement Notice. This notice is served on the person responsible for the property, for example, the landlord. The Environmental Health Department should be approached for advice.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 empowers the Regulation and Quality Improvement Authority to register and inspect residential care homes and nursing homes based on care standards.

The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003 (POCVA) commenced in April 2005 and provides the legislative basis for the maintenance of a list of individuals who are considered unsuitable to work with vulnerable adults.

Civil Law

This includes family law and property law.

The Enduring Power of Attorney (Northern Ireland) Order 1987 enables people, while they are still mentally capable to decide who they would like to deal with their affairs on their behalf, should they become mentally incapable. The Court of Protection has powers to revoke an enduring power in the event of its abuse.

The Family Homes and Domestic Violence (Northern Ireland) Order 1998 is designed to provide a coherent legal approach to deal with two separate, but related, issues; providing protection from violence or molestation in families and regulating occupation of the family home when a relationship breaks down.

The main features of this legislation in relation to adult protection are:

- (i) it replaces the provisions under previous legislation with a single set of remedies which both improve and extend the level of protection available;
- (ii) a Non-Molestation Order and Occupation Order replace Personal Protection, Ouster and Exclusion Order. 'Molestation' is to be broadly interpreted and will be viewed on a case-by-case basis;
- (iii) the range of people who can apply for a Non-Molestation Order is extended to include parents, grandparents or friends sharing a house. However, an Occupation Order can only be made in favour of a spouse, former spouse, co-habitee or former co-habitee unless the applicant has a legal share in the property;

- (iv) Breach of Orders made for protective purposes is a criminal offence and an arrest without warrant can be made;
- (v) provision is included to allow specified third parties (“a representative”) to act on behalf of victims of domestic violence to apply for a Non-Molestation or Occupation Order;
- (vi) the legislation allows a Court to exclude a domestic violence perpetrator from other premises/areas apart from the family home.

The Public Interest Disclosure (Northern Ireland) Order 1998 is designed to:

“protect individuals who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purpose”.

The type of information includes disclosures of criminal offences, miscarriages of justice, endangerments to health or safety of individuals or damage to the work environment.

Compensation Law

This legislation enables a private action to be taken against an individual in the Civil Courts for compensation. The criminal injuries compensation scheme enables recompense for criminal injury or damage.



PART IV REFERENCES

1. Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse. London: HMSO;
2. Law Commission for England and Wales (1995) Mental Incapacity, Report No. 231. London: HMSO;
3. Guidance on Abuse of Vulnerable Adults (Management Executive, Department of Health and Social Services: 1996);
4. Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, December 2003;
5. Good Practice in Consent (Department of Health Social Services and Public Safety, 2003);
6. Mental Capacity Act 2005;
7. Achieving Best Evidence in Criminal Proceedings (Northern Ireland): Guidance for Vulnerable or Intimidated Witnesses, including Children (2003).



PART V GLOSSARY OF TERMS

Designated Officer	<p>This is the person within the Trust deemed to be responsible for the decision to proceed under the Adult Protection Procedures and for co-ordinating any subsequent investigation which takes place.</p> <p>The title used can vary, for example, in some Trusts this person is referred to as the Adult Protection Co-ordinator. This person will usually be a Social Work Manager.</p>
Investigating Officer	<p>This is the experienced and suitably qualified professional appointed by the Designated Officer to carry out an investigation of the alleged abuse as agreed at the Strategy Discussion.</p>
Key Worker	<p>This is the professional who is appointed by the Designated Officer/Chair of formal Case Discussion meeting to monitor the Care and Protection Plan.</p>
Police Liaison Officer	<p>This is the designated person within the Police who will help determine whether a criminal offence has been committed and advise on what level of enquiry/investigation is necessary.</p>

Crime Manager	This is the person within the Police at District Command Unit level who holds the role of Police Liaison Officer for non-sexual crimes.
Formal Case Discussion	This is the formally convened forum used to share and evaluate the information gathered in the investigation and to formulate a Care and Protection Plan for the vulnerable adult. This meeting may also take the form, for example, of a Family Group Conference or Risk Management Meeting.
Family Group Conference	This is a family centred decision making forum. It aims to enable families to take collective responsibility for decisions regarding the care and protection of family members. It involves a network of family, friends and significant others and attempts to capitalise on the knowledge, skills and resources of the family community and agency systems.
Risk Management Meeting	This is a meeting where the focus of the discussion is on the identification of a specific risk; eg the misuse of medication, and the measures necessary to reduce that risk.

Achieving Best Evidence	This guidance is intended to assist those conducting video-recorded interviews with vulnerable or intimidated witnesses as well as giving guidance to those who are tasked with preparing and supporting such witnesses throughout the criminal justice process.
Proportionality	The intervention or limitation on any human right adopted should achieve the objective in question.
Equality of Arms	Neither party should suffer a procedural disadvantage compared with the other.



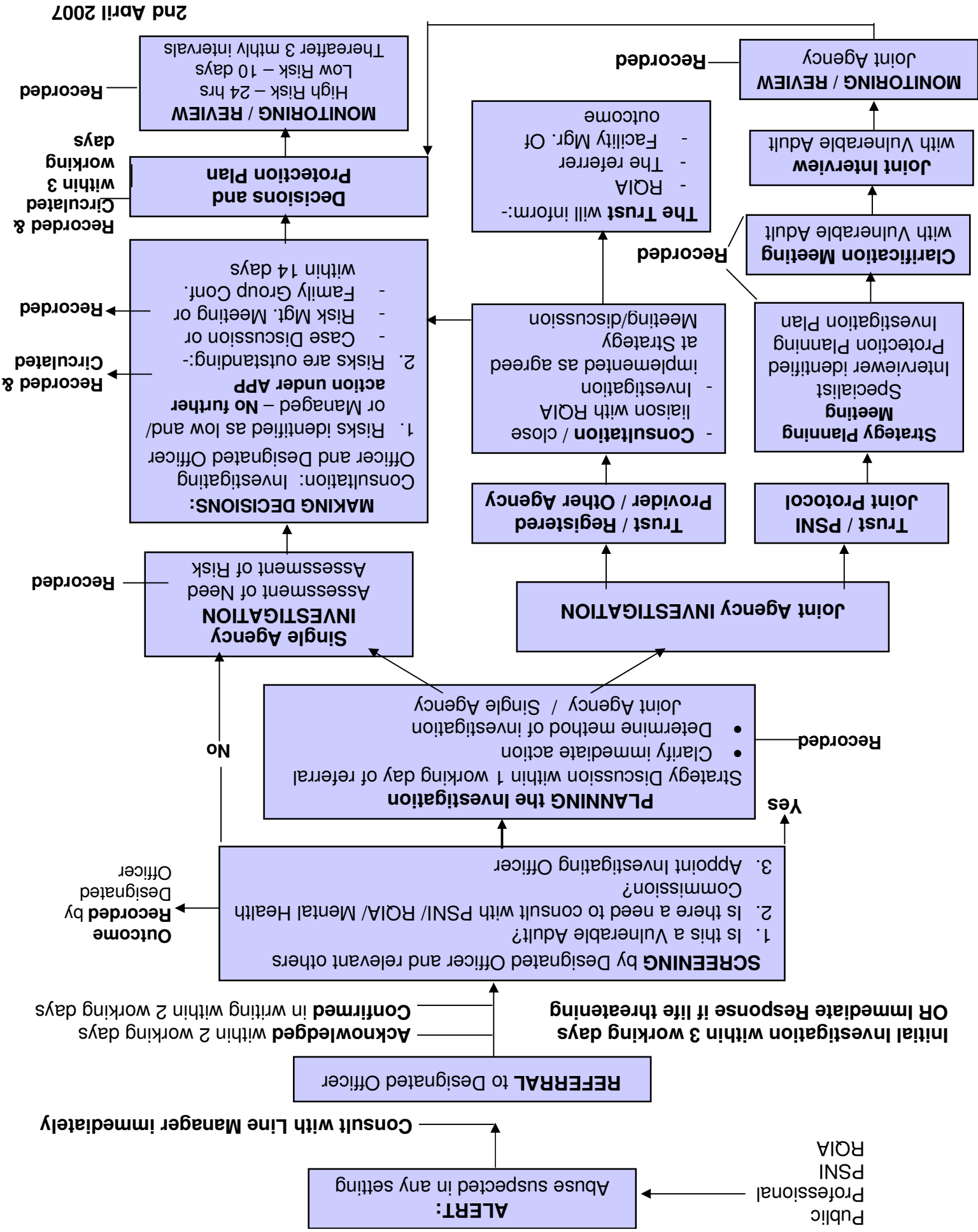
APPENDIX

REGIONAL ADULT PROTECTION FORUM MEMBERS

Dominic Burke	Western Health and Social Services Board
Kevin Keenan	Northern Health and Social Services Board
Jan Maconachie	Northern Health and Social Services Board
Noel Quigley	Western Health and Social Services Board
Joyce McKee	Eastern Health and Social Services Board
Dessie Lowry	Royal College of Nursing
Marian Corrigan	Southern Health and Social Services Board
Angela Cole	Ulster Community and Hospitals Trust
Brian Serplus	Homefirst Community Health and Social Services Trust
Phil Mahon	Foyle Health and Social Services Trust
Grace Henry	Help the Aged NI
Sandra Pentland	Craigavon Banbridge Community Trust
Theresa Burns	Sperrin Lakeland Health and Social Services Trust
Linda Johnston	Ulster Community and Hospitals Trust
Dr Stephen Compton	Mater Hospital Trust
Stuart Baxter	Department of Health, Social Services and Public Safety
Gary Mullan	PSNI
Kieran Downey	Sperrin Lakeland Health and Social Services Trust
Maureen Piggot	Mencap NI

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SAFEGUARDING VULNERABLE ADULTS – PROCEDURAL FLOW DIAGRAM



Protocol for

JOINT INVESTIGATION

of Alleged and Suspected Cases of Abuse of Vulnerable Adults

July 2009



Health and
Social Care



The Regulation and
Quality Improvement
Authority

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FOREWORD

In recent years, significant efforts have been made within Health and Social Services and the Police Service to establish procedural and operational arrangements in order to respond effectively to the abuse or exploitation of vulnerable adults. This has involved a considerable degree of interagency liaison in order to develop effective partnership working which will help to prevent abuse and respond appropriately and sensitively when it is alleged, suspected or occurs.

Measures designed to support vulnerable and intimidated witnesses introduced in 2003 have contributed to even closer working arrangements between police officers and health and social services staff.

This Protocol is an important aspect of these changes. It outlines the roles and responsibilities of the respective agencies and provides guidance about joint working arrangements and investigation. It has been developed in partnership between the Police Service of Northern Ireland (PSNI), Department of Health, Social Services and Public Safety (DHSSPS), the Regulation and Quality Improvement Authority (RQIA), the Health and Social Care Trusts and the former Health and Social Services Boards in Northern Ireland. It is based on the recognition of the need for more co-ordinated interagency working to ensure that vulnerable adults, who are at risk of abuse, receive protection, support and equitable access to the criminal justice system.

The Protocol has been developed on the basis of research, best practice and on extant guidance, both regional and from elsewhere in the UK which requires agencies to develop interagency policies, procedures and joint protocols that draw on good practice and to investigate and take action when a vulnerable adult is believed to be at risk of abuse.^{1,2,3}

¹ Bailey A (2001) 'Factors influencing police investigation of sexual crimes committed against people who have a learning disability and implications for public policy'.

² 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse'. Home Office/DOH 2000.

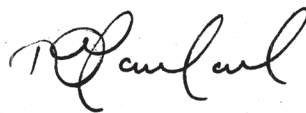
³ 'Safeguarding Vulnerable Adults Regional Adult Protection Policy & Procedural Guidance', September 2006.

Although other agencies will be involved in aspects of the investigative process, the PSNI, Trusts and the RQIA have traditionally taken the lead roles in investigating abuse and reporting crimes. The Protocol has been designed as a basis for improved interagency working and will need to be closely monitored, reviewed and revised in the light of experience. It is supported by an ongoing programme of interagency training.

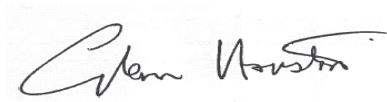
We commend this Protocol to all who are involved in this critical and demanding area of work and would like to place on record our thanks to all who contributed to its development.



Chief Executive
Health and Social
Care Board



Assistant Chief
Constable Criminal
Justice
Police Service of
Northern Ireland



Chief Executive
Regulation and Quality
Improvement Authority

1 Introduction

- 1.1 The PSNI and Health and Social Care (HSC) bodies are committed to tackling abuse in all its forms and to the development of collaborative working which will enhance arrangements for the protection and support of vulnerable individuals and groups. This will include responding to the specific needs of vulnerable and intimidated victims of crime. In 1998, the Home Office published a report prepared by an Interdepartmental Working Group on the treatment of vulnerable victims and witnesses, entitled 'Speaking Up for Justice'.⁴ The report recommended that the existing special measures introduced for children, e.g. live CCTV links and video recorded evidence-in-chief, be extended to include vulnerable adults.
- 1.2 The subsequent enactment of the Criminal Evidence (Northern Ireland) Order in 1999 (the 'Criminal Evidence Order') made provision for these arrangements, or 'special measures' to be introduced locally. Guidance on the application of special measures can be found in 'Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable Intimidated Witnesses, including Children' ('Achieving Best Evidence').⁵
- 1.3 Other statutory agencies, for example, the RQIA, and voluntary organisations may be involved in aspects of the investigative process. However, the PSNI and HSC Trusts are primarily responsible for the investigation of abuse and the protection of vulnerable adults. This Protocol is designed to ensure staff from these agencies work together in a way that ensures the well-being and rights of vulnerable adults are paramount. It also helps to ensure that people receive equitable access to justice.
- 1.4 This Protocol sets out a framework for joint working in a complex area of practice and emphasises the need to involve all other relevant agencies in information sharing, early assessment and the planning process. It is important that Trust and PSNI staff read this Protocol in conjunction with 'Safeguarding Vulnerable Adults

⁴ 'Speaking up for Justice' - Home Office (1998).

⁵ 'Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children' - Home Office Communication Directorate (2002). Work is currently being done to produce a version specifically for Northern Ireland.

Regional Adult Protection Policy and Procedural Guidance', September 2006 ('Safeguarding Vulnerable Adults'). Police officers should also be mindful of relevant PSNI Service Procedures. This Protocol extends to suspected crimes in domiciliary, community and hospital care if the victim is a vulnerable adult as defined in paragraph 2.1.

- 1.5** The Aims and Objectives (Section 3), Principles (Section 4) and Rights and Responsibilities (Section 5) set out in this Protocol extend to vulnerable adults both as victims and as witnesses.

2 Definition

Definition of a Vulnerable Adult

2.1 For the purposes of this Protocol the definition of a vulnerable adult has been taken from 'Safeguarding Vulnerable Adults'. It applies to adults:

- a) who are 18 years old and over; and
- b) who are, or may be, in need of community care services OR are resident in a continuing care facility by reason of mental or other disability, age or illness OR who are, or may be, unable to take care of themselves, OR unable to protect themselves against significant harm or exploitation.

2.2 This is more inclusive than the definition of vulnerability contained in the Criminal Evidence Order. It is likely that some cases of alleged or suspected abuse against vulnerable adults will require a joint approach to investigation but will not qualify for the special measures outlined in the Order in relation to accessing the criminal justice system. It should also be borne in mind that the human and civil rights of the individual may have been breached.

2.3 'No Secrets' which was produced by the Department of Health, London and the Home Office offered a brief definition of abuse as being:

'the violation of an individual's human and civil rights by any other person'.

The original DHSS guidance, produced in 1996 as a basis for developing Board and Trust adult protection policies, offered a more detailed definition of abuse as being:

'the physical, psychological, emotional, financial, sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is the expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be informal or formal carers, staff or family members or others. It can occur outside such a relationship'.

3 Aims and Objectives

- 3.1** The overall aim of the Protocol is to prevent abuse by promoting a multi-agency approach to the protection of vulnerable adults, and to ensure that they receive equitable access to justice in a way that promotes their rights and well-being.
- 3.2** The Protocol aims to:
- ensure effective communication and collaboration between Trusts, RQIA and PSNI to protect vulnerable adults;
 - involve Trusts and PSNI in determining whether a single agency or a joint agency investigation is required;
 - provide a framework for early consultation, cross referral of appropriate cases and joint working arrangements for investigation and interviewing;
 - define the roles and responsibilities of PSNI and Trust staff in the joint investigation;
 - minimise the number of interviews conducted with the victim; and
 - ensure that protective measures are paramount and run in parallel with the criminal inquiry or any other lines of enquiry, such as civil action or disciplinary proceedings.

4 Principles

- 4.1** The Protocol aims to promote the following principles in protecting vulnerable adults from abuse and the investigation of alleged or suspected crimes:
- the well-being and rights of the vulnerable adult are paramount;
 - the processes should minimise distress to the vulnerable adult by maximising co-operation between agencies;
 - adult protection procedures must be properly followed; and
 - mechanisms should be available to resolve differences of opinion amongst staff/agencies through appropriate management structures.

5 Rights and Responsibilities

5.1 The Protocol is also committed to ensuring that the rights of vulnerable adults are upheld. These include the right to:

- receive protection for themselves and their property under the law;
- be supported in reporting the circumstances of any abuse;
- have alleged, suspected or confirmed cases of abuse thoroughly investigated as a matter of urgency;
- have options for resolution and the appropriate processes explained to them;
- be supported in making decisions about how they wish to proceed in the event of abuse and to be kept informed of progress;
- have issues of consent and capacity considered;
- be given information in accessible formats on how to protect themselves;
- be given practical help in protecting themselves;
- be supported when deciding whether to pursue a formal complaint;
- be subjected to the minimum degree of disruption; and
- receive support on a longer-term basis, following the abuse.

5.2 In order to promote these rights effectively PSNI, Trust and RQIA staff must be aware of their responsibilities in this very difficult area of work. If an allegation of abuse does not appear to relate to criminal conduct, there is no statutory duty to report the matter to the PSNI and the decision about whether or not to investigate should be judged on the 'best interest' test. In the case of non-criminal matters it may not be in the best interests of the vulnerable adult to investigate if the person has specifically indicated a preference for no investigation. However, in reaching this conclusion, it is necessary to take into account the capacity of the person making the decision and any other regulatory or personnel arrangements, e.g. disciplinary procedures, referral to a

professional body such as the Northern Ireland Social Care Council (NISCC); etc.

- 5.3** Although all members of society are duty bound to report offences, this Protocol requires staff to consider the cross-referral of alleged or suspected offences. In general, the PSNI is authorised to investigate alleged or suspected criminal abuse against the vulnerable adult where this is agreed to be in the best interests of the person. In the majority of cases, in particular where the vulnerable adult is deemed to have capacity, the PSNI will only proceed with the consent of the vulnerable adult. In practice this means that the vulnerable adult should be willing to make a complaint to the PSNI. However, there are some exceptions to this e.g. where the vulnerable adult is deemed not to have capacity, is subject to undue influence or where others may be at risk. In some circumstances the PSNI may also intervene to prevent a crime being committed.
- 5.4** Where criminal abuse may have been committed a referral between the agencies should be made and an agreed strategy should be developed which takes account of the wishes of the alleged victim. The PSNI and Trust should work sensitively in these enquiries and must secure the co-operation and consent of the victim unless there may be issues in relation to capacity and/or the potential for abuse to third parties. After referral between agencies the agreed strategy should take account of the wishes of the alleged victim. When there are concerns, but no real grounds to suspect that an offence may have been committed, there is a duty on Trust staff to investigate and report any criminal offences or concerns that may be identified as a result of the investigation.
- 5.5** When judging whether the individual has capacity to give or withhold consent, guidance in 'Safeguarding Vulnerable Adults' should be followed. This should take into account professional opinion as appropriate e.g. psychiatrists, psychologists, GPs, nurses and social workers.
- 5.6** The Human Rights Act 1998 has been fully effective from 2nd October 2000. It incorporates the European Convention for the Protection of Human Rights and Fundamental Freedoms into United Kingdom Domestic Law. This makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms guaranteed by the Convention. **Appendix 1** sets out the main Convention Rights enshrined in the 1998 Act.

Public authorities can interfere with an individual's rights providing it is lawful, proportionate and necessary in a democratic society.

Lawful means 'prescribed by law' and the legal basis for any restriction on rights and freedoms must be established and identified.

Proportionate means any interference with a Convention Right must be proportionate to the intended objective and not arbitrary or unfair.

Necessary in a Democratic Society means (1) Does it fulfil a pressing social need? (2) Does it pursue a legitimate aim? and (3) Is it proportionate to the aims being pursued?

The Decision Making Process

In applying the key principles of lawfulness, proportionality and whether it is necessary in a democratic society, a public authority representative must ask the following questions:

- Is there a legal basis for my actions?
- Is it proportionate and necessary in a democratic society?
- Is the procedure involved in the decision-making process fair and does it contain safeguards against abuse?
- Was there an alternative and less restrictive course of action available? (The intervention should be strictly limited to what is required to achieve the objective).
- Is the restriction required for legitimate purposes?
- If I fail to interfere with this individual's rights could there be a more serious outcome in not affording the individual adequate protection in fulfilment of their Article 2 rights?

Decisions to interfere with an individual's rights may be subject to scrutiny by the Courts. However, if public authorities can show that they applied the relevant Human Rights principles when making their decision, they are less likely to be over-ruled. It is very important to keep notes and decisions should be recorded in full (see **Appendix 2**).

6 Reporting

6.1 This Protocol is designed to be compatible with current 'Safeguarding Vulnerable Adults' guidance in requiring all staff to report suspected, alleged or confirmed instances of abuse. It provides a framework within which staff exercise their professional judgement and discharge their legal responsibility. It ensures that all cases are given appropriate consideration and are not screened out inappropriately. Added safeguards to prevent this include the requirement to report cases to a designated adult protection officer ('Designated Officer') and to consult, where necessary, with the relevant Police Liaison Officer (see paragraph 6.6). Where a crime is suspected or alleged and the vulnerable adult does not wish to make a formal complaint, the agencies should consider the following factors:

- the individual's capacity to provide consent to a formal complaint;
- the opportunity to prevent crime being committed;
- the extent to which other vulnerable persons, including children, are likely to be at risk; and
- whether the vulnerable adult is subject to undue influence or coercion.

6.2 A referral to the PSNI does not automatically mean that a joint investigation will be initiated. Such a decision should involve discussion with the Police Liaison Officer. Where the PSNI is informed directly of suspected abuse which is clearly non-criminal, the individual should be made aware of other sources of support and options to have the matter resolved and his/her agreement sought to refer to the Trust.

6.3 Alleged or suspected instances of abuse occurring in a regulated service must be reported to the RQIA. The RQIA must ensure that alleged or suspected instances of abuse in regulated services are referred to the PSNI and the appropriate Trust.

6.4 Reports of alleged or suspected abuse, which may be a criminal offence, will be categorised as:

- (a) **Sexual** (e.g. rape, indecent assault); or
- (b) **Non-sexual** (e.g. physical assault, theft).

The PSNI will be responsible for determining the category of offence.

6.5 Where alleged or suspected crimes are reported to the PSNI they have a duty to conduct criminal investigations. The decision to investigate will be made at a Strategy Discussion and will be informed by the views of the victim and Trust staff.

6.6 Referral to PSNI by Health and Social Care Trusts

- a) In all cases of alleged or suspected criminal abuse the Designated Officer for the Trust should discuss the case with the relevant Police Liaison Officer. It will be the responsibility of the Police Liaison Officer to help determine whether the matter may involve criminal abuse and thereby to inform the decision concerning what level of enquiry/investigation is necessary.
- b) Alleged or suspected abuse, whether sexual or non-sexual, should be reported to the Inspector, Public Protection Unit (PPU) or nominated deputy who holds the role of Police Liaison Officer. The Inspector or nominated deputy will allocate any investigation regarding the alleged abuse whether it is uniform or the Criminal Investigation Department (CID).
- c) Outside of PPU working hours (9.00 am – 5.00 pm Monday to Friday), the Duty Inspector in the relevant district should be contacted who will determine what preliminary action is required. In all such reported cases of alleged abuse the Duty Inspector will inform the PPU Inspector or nominated deputy as soon as is practicable.
- d) A list of contact numbers for the PPU is contained in **Appendix 3**.

6.7 Referral to Health and Social Care Trusts by PSNI

- a) Police officers who encounter vulnerable adults who may have been the subject of abuse, whether criminal or not, should contact the relevant Designated Officer to establish whether the vulnerable adult is known, or should be referred, to the Trust.
- b) Where concerns are raised in relation to the care or treatment, which may involve criminal abuse of a vulnerable adult outside normal working hours (9.00 am - 5.00 pm Monday to Friday),

these concerns should be referred immediately to the Out-of-Hours Social Work Co-ordinator (the Co-ordinator).

- c) The Co-ordinator will take whatever action is necessary to ensure the protection of the vulnerable adult. Depending on the scale of the concern this may involve referral to other agencies. The Co-ordinator will make the appropriate Designated Officer for the Trust aware of the referral details and any action taken/required, as a matter of urgency on the first working day following the date of the referral being made.
- d) Contact details for Trusts and contact points for Out-of-Hours Services can be found in **Appendix 4**.

Alleged or Suspected Criminal Abuse in a Regulated Service

- 6.8** When criminal abuse is alleged or suspected to have occurred in a regulated service and is reported to, or comes to the attention of the RQIA, the relevant programme head at the RQIA should ensure that the matter is referred to both the Police Liaison Officer and to the relevant Trust Designated Officer as soon as is practicable (see **Appendix 5** for contact details). If an incident of suspected or alleged criminal abuse in a regulated service comes to the attention of Trust staff, the RQIA must be informed by the Designated Officer as soon as is practicable.

Referral from PSNI to RQIA

- 6.9** Police officers, who encounter a vulnerable adult who is a service user within a regulated service and who may have been subjected to abuse, whether criminal or not, should contact the relevant Trust Designated Officer and RQIA. This will enable RQIA to establish if there has been any breach in the relevant legislation that requires regulatory action.

Inappropriate Referral

- 6.10** In any event where a referral is made inappropriately between agencies the receiving agency will have responsibility for referring the matter to the appropriate agency.

7 Initial Assessment Consultation - Planning and Investigation

Clarification of Roles

- 7.1** The PSNI and Trust staff have specialist and complementary skills in terms of assessing and investigating allegations of abuse of vulnerable adults. The process is outlined in **Figure 1** (see page 17). In appropriate cases it is necessary to combine these skills to provide maximum protection and support for those individuals who have been the subject of, or are at risk of harm. This Protocol recognises that the various agencies may have different priorities or emphasis in relation to adult protection work.
- 7.2** The Protocol is not designed to make Trust or PSNI personnel undertake roles which are at variance with their primary professional responsibilities. However it is intended to provide a basis for maximising co-operation and a shared understanding of the issues involved. Differences of opinion, or approach, amongst staff should be resolved in a manner that does not hinder the protection of the vulnerable adult. Protection of the individual is paramount and staff should not inappropriately screen out cases by failure to follow this Protocol.
- 7.3** The strategy to be adopted must be informed by the professional views of PSNI, Trust and, as appropriate, RQIA staff. The strategy for investigation should always be influenced by information gained from professionals or other persons who may have knowledge of the vulnerable adult, his/her family or circumstances.
- 7.4** The primary objective of PSNI, Trust and RQIA is the protection of the vulnerable adult. In addressing this shared objective, the primary role of PSNI personnel is determined by their statutory responsibility to protect life and property, preserve order, prevent crime and, where a criminal offence has been committed, bring offenders to justice.
- 7.5** The primary role of Trust and RQIA staff is determined by their statutory responsibility and Duty of Care, to promote the care and well-being of vulnerable adults in situations of alleged or confirmed abuse.

- 7.6** Assaults (including minor assaults), thefts, criminal damage, sexual assaults and threats of force or violence are all likely to be criminal offences. PSNI and Trust staff must recognise that the non co-operation of the victim does not always preclude a prosecution. However, the views of the victim are vital to the decision to prosecute.

Joint Agency Consultation

- 7.7** When either Trust or PSNI personnel identify the need for a joint agency approach, a staff member from the referring agency will take responsibility for instigating a Joint Agency Consultation. This should be the person within the Trust deemed to be responsible for the decision to proceed in cases of alleged or confirmed abuse. The Designated Officer will take responsibility for co-ordinating the practical arrangements associated with this action.
- 7.8** The purpose of the Consultation is to discuss the case with other relevant agencies and organisations and to reach a decision on the need for a Joint Investigation involving Trust and PSNI. This communication may be by telephone or direct contact and should occur within 24 hours of the decision that Consultation with the other agency is necessary.
- 7.9** The outcome of this Consultation may be:
- no further action;
 - a Trust investigation;
 - a criminal investigation by PSNI; or
 - a Joint Investigation involving Trust and PSNI.

The results of this Consultation must be clearly recorded and shared between agencies. Form AJP1 - Record of Joint Agency Consultation (**Appendix 6**) should be used for this process. The completion and appropriate sharing of this and other records, e.g. Form AJP2 - Strategy for Investigation (**Appendix 7**) and Form AJP3 - Clarification Discussion (**Appendix 8**) is the responsibility of the lead agency in the investigation. Where it is agreed that a Trust investigation is appropriate the guidance contained in 'Safeguarding Vulnerable Adults' should be followed.

Criteria for Joint Investigation by Trust and PSNI

7.10 A detailed consideration of the need for a Joint Investigation will be triggered when there is an allegation or suspicion that one of the criminal offences described below has been committed against a vulnerable adult. The likelihood or otherwise of a prosecution is not a criterion for a Joint Investigation.

- A sexual offence committed against a vulnerable adult;
- Physical abuse or ill treatment amounting to a criminal offence;
- Financial abuse involving a criminal offence, e.g. fraud, theft; or abuse which involves a criminal offence e.g. blackmail.

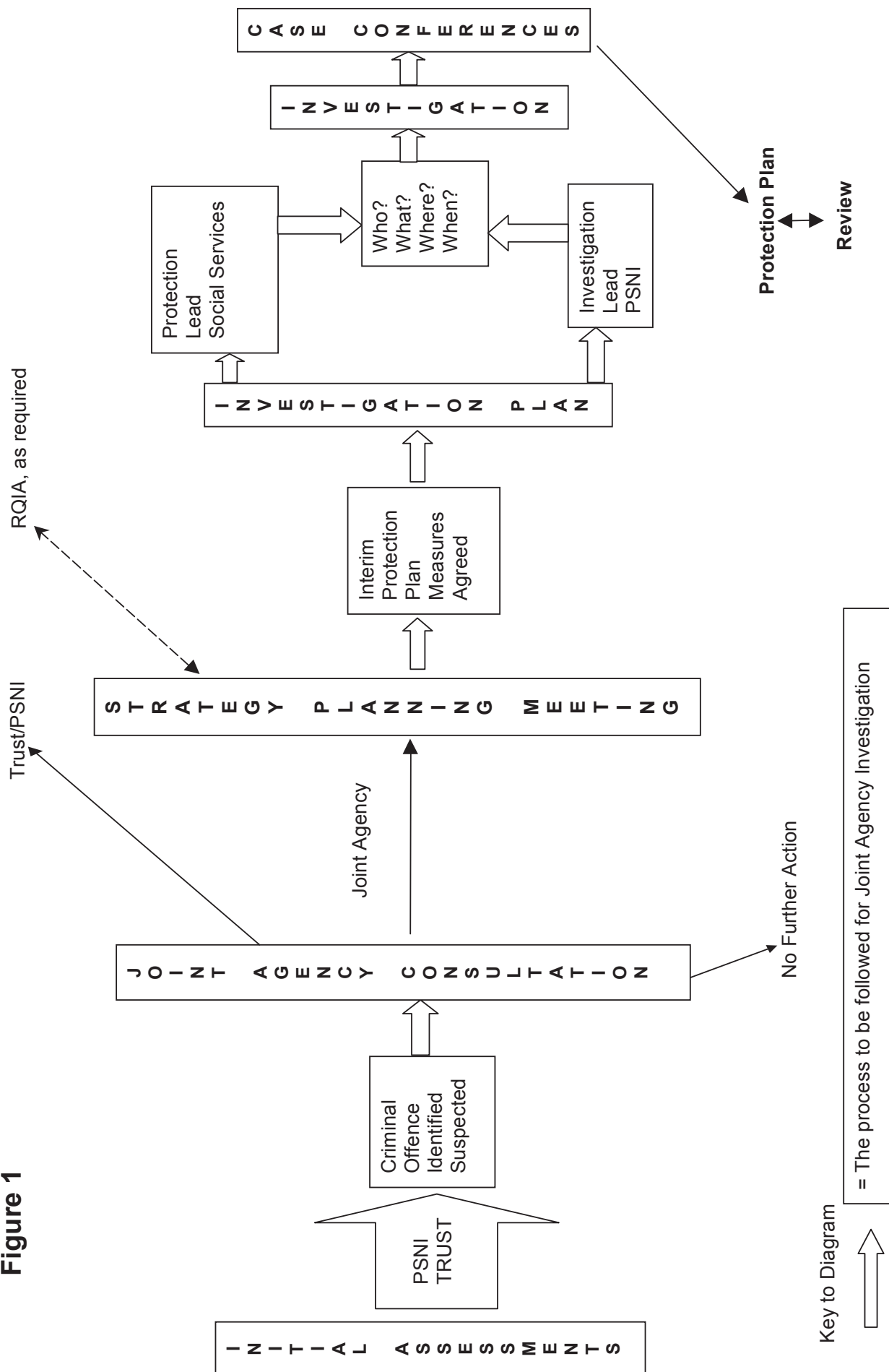
Preliminary Information Gathering

7.11 Following the decision of the Joint Agency Consultation to initiate a Joint Investigation, each agency will nominate a staff member to gather information for the Strategy Planning Meeting which will be the basis for planning any subsequent investigation. The nominated officer will carry out checks on internal systems for information that may be of use in deciding the strategy to be employed. At this stage consideration must be given to the communication needs of all those involved.

Strategy Planning Meeting

7.12 When sufficient preliminary information is available to facilitate the development of a strategy for dealing with the case, a Strategy Planning Meeting should be convened. This should occur as soon as is practicable. The responsibility for convening this meeting lies with the designated staff member who initiated the Joint Agency Consultation.

Figure 1



7.13 The purpose of the Strategy Planning Meeting is to ensure an early exchange of information and to clarify what action needs to be taken jointly or separately in the investigation. It is an action orientated discussion, which should be convened to plan the investigation and agree any necessary interim protection measures.

7.14 A Strategy Planning Meeting will always include PSNI, Trust and RQIA staff, where appropriate. Other professionals, agency representatives and persons with specialist knowledge/skills may also be included to ensure the protection of the vulnerable adult.

7.15 Where the Strategy Planning Meeting concludes that a vulnerable adult has been the victim of criminal abuse or may be at risk of serious criminal abuse and that issues arise about the protection of the individual, the Strategy Planning Meeting should address the following points:

- whether action is needed to protect the vulnerable adult and who will be responsible for such action;
- the need to consider the issue of capacity to consent and the most appropriate person to deal with it;
- the requirement for a medical examination to be undertaken and if so, by whom;
- what issues of special needs, race, culture, gender, language, communication or religion are raised in the case, how and by whom they are to be addressed and what advice needs to be sought;
- what specialist support or advice may be needed and who obtains it;
- what other information is needed to complete the investigation and who will seek it;
- the order in which the interviews will take place and who will carry out each interview;
- practical arrangements for reporting back to those involved in the investigation; and

- refining internal processes for communication and agreeing the communication strategy, and who should lead it, where there are matters likely to be of public interest.

7.16 It is the responsibility of the person who convenes the meeting to ensure that a record of the Strategy Planning Meeting is made and shared between agencies. Form AJP2 - Strategy for Investigation (**Appendix 7**) should be used for this purpose. Although strategy planning will generally take place in a formally constituted meeting, there may be occasions where this may need to be conducted by telephone.

8 Joint Investigation Interviews

- 8.1 Interviews with vulnerable adults will be conducted in accordance with the guidelines contained in 'Achieving Best Evidence'.

Joint Interviews by Police Officers and Social Workers

- 8.2 Where it is agreed in the Strategy Planning Meeting that interviews should be conducted jointly by a police officer and social worker the following procedures will apply. It must be emphasised that the decision about which interviews should be conducted jointly, and the sequence of interviews, is a matter for the group planning the investigation at the Strategy Planning Meeting.

Selection of Interviewers

- 8.3 Only PSNI and Trust personnel, who have received specialist training in joint interviewing, should be appointed to the task. Where a vulnerable adult has requested the interviewer to be of a specific gender all reasonable steps must be taken to facilitate this request.

Supervision of Interviewers

- 8.4 It will be the responsibility of each agency to ensure that the interview and investigation process is properly supervised and supported by relevant managers who have been trained in these procedures.

Clarification Discussion

- 8.5 In making decisions about the method of interviewing vulnerable adults it may be necessary to have a short Clarification Discussion. This should normally be undertaken by the persons who will conduct any subsequent interview. However, where this is not possible, the Clarification Discussion may be carried out by other staff who have received Joint Protocol training. Once a decision has been made that an interview of a vulnerable adult should be conducted on video, a specialist investigative interviewer will be tasked to carry out the interview.

8.6 The purpose of the Clarification Discussion is:

- to establish whether or not the vulnerable adult has made an allegation or raised suspicions which have led to the referral. The substance and detail of the allegation or disclosure should not be part of the Clarification Discussion;
- to assess the vulnerable adult's willingness and ability to pursue the matter to court;
- to inform the PSNI decision about which format should be used for the interview, (e.g. videotape, statement or question and answer. Videotaping is the preferred method of interviewing vulnerable adults. Statements are the alternative and questions and answers should only be used when neither videotaping or statements are possible) and whether the use of video in the interview is likely to maximise the quality of that particular vulnerable adult's evidence.

8.7 The Clarification Discussion must be recorded and responsibility for this will lie with the person conducting it. The Clarification Discussion is not an investigative interview and should never replace or over-shadow the Joint Investigation interview with the vulnerable adult. Strictly no further examination of the allegation should take place beyond that which has been disclosed. It is important not to coach the interviewee in respect of the interview. If the discussion includes the disclosure of a criminal offence, that part must be recorded verbatim and contemporaneously, or at the very least as soon as possible after the contact. Even if no criminal disclosure is made, accurate recording is essential. Decisions about risk may be made on the strength of the Clarification Discussion. Form AJP3 (**Appendix 8**) must be completed in respect of every Clarification Discussion.

Preparation for a Joint Interview

8.8 The following should be considered when preparing for a Joint Interview:

- the needs and circumstances of the vulnerable adult (e.g. development, impairments, degree of trauma experienced, whether he/she is now in a safe environment);
- the vulnerable adult's state of mind (e.g. likely distress, and/or shock);

- perceived fears about intimidation and recrimination;
- the circumstances of the suspected offence (e.g. relationship of the vulnerable adult to the alleged offender);
- location of interview;
- time of interview;
- preferred gender of interviewer; and
- additional requirements (e.g. preparation of staff and interpreters).

(**Note:** Where a language barrier exists an independent interpreter should be used as opposed to a family member).

Other persons with specialist skills may be needed to assist the interviewer conduct the interview. This might include, specialist communicators using sign language, etc.

8.9 Purposes of the Joint Interview

The purposes of the Joint Interview are to:

- promote the well-being and protection of the vulnerable adult;
- validate or negate allegations or suspicions of abuse by helping the vulnerable adult to give as much information as possible;
- avoid multiple interviews where possible;
- identify the suspected abuser;
- ensure that all decisions made are based on the experience of the vulnerable adult and not the influence or beliefs of the interviewer; and
- provide a record of the vulnerable adult's evidence-in-chief which may be used at a consequent criminal hearing.

Persons Present at Joint Interview

- 8.10** Normally no-one else should be in the interview room apart from the vulnerable adult and the interviewers. Limiting the number of people present at the interview should lessen the possibility of the vulnerable adult feeling overwhelmed by the situation and uncomfortable about revealing information.
- 8.11** It is good practice for the vulnerable adult to know that a supportive person is available in an adjoining room. A suspected offender should never be present in an interview. However, if it is the vulnerable adult's wish to have a supportive person present in the interview room it should be made clear to that person that he/she must take no part in the interview.

Recording Information that is not Video Recorded

- 8.12** When a Joint Interview with a vulnerable adult is not video recorded a written account of the information given should be made. If it is assessed by the interviewers, or on the basis of consultation with other expert opinion, that the vulnerable adult is capable of giving an account of relevant matters, the police officer may invite the adult to make a signed, written statement on Form 38/36. The evidence of a vulnerable adult who is not capable of making a statement should be recorded as questions and answers and certified by them and any other person present.

The Video Interview

- 8.13** The Criminal Evidence Order provides for the video recording of interviews with vulnerable adults to be admitted as evidence-in-chief at criminal proceedings. The guidance accompanying the legislation is designed to help those police officers and any Trust staff involved in making a video recording of an interview with a vulnerable adult, where it is intended that the result should be admissible in criminal proceedings.
- 8.14** The Order is 'Permissive' legislation. There should be a general assumption that a video interview will be conducted where the criteria are met (e.g. an eligible witness in an indictable [Crown Court] case). Use of a video for interviews is not necessary in all cases and, on occasions, might add to the interviewee's trauma unnecessarily. The decision as to whether the interview will be videotaped will be taken by

the investigating police officer in consultation with Trust staff following the Clarification Discussion.

Planning the Joint Interview

8.15 In order to be fully and properly prepared for an interview the Joint Investigation Team of PSNI and Trust staff should normally plan the interview in line with the 'four phased' approach set out in 'Achieving Best Evidence' and adhere to the criteria which it has identified. The four phases are:

- **Rapport;**
- **Free Narrative;**
- **Questioning; and**
- **Closure.**

8.16 Planning should include deciding whether PSNI or Trust team member should take the role of lead interviewer, the proposed time scale, any special arrangements/allowances which are required to take account of the vulnerable adult's individual difficulties, agreed signals on when to take breaks or terminate the interview. As video recording of investigative interviews is aimed at providing evidence-in-chief at criminal courts, planning must include coverage of the 'points-to-prove' in criminal offences.

8.17 Where it appears, before interviewing a vulnerable adult, that the history of the case indicates a considerable amount of information is likely to be forthcoming, a series of interviews may be planned. The second, third, etc, interviews in this series will be considered part of the original interview without any automatic need to consult with the Public Prosecution Service (the PPS).

8.18 The Joint Investigation Team must be given sufficient time to carry out this planning process, prior to a Joint Investigative Interview. Failure to do so may limit the effectiveness of the process and do a disservice to the vulnerable adult. Preparation will include the following activities:

- **Technical Preparation;**
- **Consideration of Consultation with Specialists; and**
- **Consideration of Communicative Competency of Vulnerable Adult and Interviewer.**

Technical Preparation

- 8.19** The Joint Investigation Team will need to carefully prepare for the interview, ensure that the equipment is in working order, test for vision and sound quality and ensure that tapes are correctly prepared, checked and inserted. Consideration should also be given to whether other equipment will be needed, e.g. hearing aids, communication boards, etc.

Consideration of Consultation with Specialists

- 8.20** The Joint Investigation Team should consider the conclusions of the Clarification Discussion about the need to involve staff with specialist skills in the Joint Investigative Interview and any role they should take in it. Due to the nature of this type of investigative interviewing it will often be necessary to seek specialist assistance with issues such as communication difficulties, mental ill-health or learning disability. If a specialist is asked to facilitate the Joint Interview, he/she should be informed of the purpose of the interview and the limitations placed on his/her role.
- 8.21** If an interpreter is required to assist in criminal proceedings involving a vulnerable adult who uses sign language the person must have attained at least Stage 3 British Sign Language or Irish Sign Language qualification, as appropriate.

Consideration of Communicative Competency of Vulnerable Adult and Interviewer

- 8.22** The vulnerable adult and interviewers need to be able to achieve the minimum requirements for communication. The Joint Investigation Team must establish whether a vulnerable adult has a reliable method of communication which he/she can use intentionally and that the interviewers can understand either directly or via a suitable interpreter.
- 8.23** If the vulnerable adult has specific difficulties with comprehension or use of language (vocabulary, ideas and grammar) associated with physical or intellectual impairment careful consideration must be given to how these could be overcome. Speech and language therapists, sign language interpreters or facilitators in augmentative communication may be required.
- 8.24** The competency of the interviewers in communicating will be the single greatest factor in determining whether a vulnerable adult will be able to deal with, and participate effectively in, an interview situation. The

interviewer will also require information about the vulnerable adult's knowledge and understanding of him/herself, about objects, about places and events and how these things may be affected by his/her impairment or disability.

Conduct of the Interview

8.25 The interviewers need to provide the vulnerable adult with information at a level which will help him/her to understand who and what will be involved. Initially they should cover:

- introduction of the social worker (or other professional), the police officer and any other person who requires to be present, with an explanation of each of their roles;
- an explanation of the purpose of the interview in a sensitive way that the vulnerable adult can understand;
- an acknowledgement that it is a difficult situation for the vulnerable adult and that some things, particularly sexual assault, may be difficult to talk about; and
- introduction of the video equipment and seeking consent to use it in the interview.

8.26 The following are categories of facts, which, if contained in the vulnerable adult's evidence, will enable properly informed decisions to be taken regarding the subsequent conduct of the investigation and ultimately whether or not to prosecute any person for any offence committed against the vulnerable adult:

- name/identity of the alleged abuser/offender, his/her present whereabouts, and the relationship of that individual to the vulnerable adult;
- the duration and extent of the abuse/offence;
- what happened in detail, when it happened, where, and how often, being mindful of the 'points-to-prove' for each offence;
- date/time of last occurrence, likelihood of physical evidence;

- names/identity of anyone else having knowledge of the abuse/offence;
- names of anyone else involved in, or observing, the abuse/offence; and
- identity of anyone the vulnerable adult has told about the abuse/offence.

8.27 After the interview, the vulnerable adult and/or their representative should be given as much information as possible about what will happen next including arrangements for his/her protection. If he/she is to be interviewed again, he/she should be informed of where and when it may take place.

8.28 If the interview or series of interviews has/have been completed and further information comes to light which makes it necessary to conduct another interview with the vulnerable adult, or where it is believed the vulnerable adult has more to tell, this should be considered a further or supplementary interview. In this case the matter should be discussed with the PPS. This will cover cases where, for example, conflicting evidence comes to light, a vulnerable adult makes further disclosures or names other suspects. 'Achieving Best Evidence' should be referred to when considering the further interview of a vulnerable adult.

8.29 Once the interview is complete, the Joint Investigation Team should give consideration to the individual's need for any counselling or therapeutic requirements which this may have indicated. PSNI and the PPS must be informed about the nature of such therapy in each case. This is to ensure that the evidence provided to a court is not contaminated or contradicted by the vulnerable adult.

The Vulnerable Adult who Becomes a Suspect

8.30 If a vulnerable adult becomes suspected of a crime during the course of an interview, a decision will have to be made on whether to proceed or terminate the interview. The interviewers should take a short break to consult, and if necessary seek advice, on the matter, in addition to being mindful of the need for sensitive handling of the situation. If it is concluded that the evidence of the vulnerable adult as a suspect is paramount in a particular case, the interview should be terminated so that any further questioning can be carried out in accordance with the Police and Criminal Evidence (NI) Order 1989, (PACE) at an appropriate location.

Further Interviews

- 8.31** Occasions may arise where a police officer or a social worker may wish to further interview a vulnerable adult who is the victim of some criminal offence. It will be the responsibility of that police officer or social worker to advise the other agency of the intention to further interview the individual. The same procedures will apply to a further interview as apply to the original interview. No agency should unilaterally conduct further interviews with the vulnerable adult who may be central to criminal proceedings.

Records of Joint Investigative Interviews

- 8.32** PSNI staff will retain a written statement, recorded as a Joint Interview, for evidential purposes. A copy may be provided to Trust staff, provided that the vulnerable adult agrees. Where a Joint Interview has been video recorded the original will be labelled and secured for court purposes by the PSNI. The working copy will be available for viewing by Trust staff by arrangement with the officer-in-charge of the case. A log will be completed on each occasion that the tape is viewed by anyone and will detail the reasons for it having been viewed. This will be retained with the working copy of the tape.
- 8.33** Arrangements for viewing the tape by persons other than those identified above, e.g. defence or any subsequent court hearing will be the responsibility of the PSNI. PSNI General Order C(c) 70/96 must be complied with. Where investigation involves PSNI and HSC participation, the police officer in the case will be responsible as the prime keeper of all exhibits, letters, drawings, notes, etc.

Review of Ongoing Management of the Case

- 8.34** When the formal Joint Interview process has been concluded there may be a need for further interagency discussions, outside of any judicial procedures, to agree a course of action to address the practical and emotional implications for the vulnerable adult, his/her carers and staff involved in the case. In the majority of cases this can be most comprehensively dealt with by convening a Case Conference, although other, less formalised, mechanisms should be considered to optimise client/family involvement in the process. This is the responsibility of the Designated Officer from the relevant Trust in consultation with PSNI colleagues. Consultation should also take place on an interagency basis to identify the need for any staff debriefing/counselling which may be required as a result of the work which has been undertaken.

Protocol for

Glossary of Terms

of Alleged and Suspected
Cases of Abuse of
Vulnerable Adults

July 2009

Glossary of Terms

Achieving Best Evidence

A voluntary code of practice for interviewing vulnerable witnesses for criminal proceedings and where video is used to record the witness' testimony.

Case Conference

Is a meeting of those involved in a case which can include the client/victim. The purpose is to establish potential risk to the individual and what action, if any, would be required.

Criminal Investigation Department (CID)

Police team of Detective Officers based in each District Command Unit with responsibility for the investigation of crime other than sexual crime.

Cross Examination

The secondary stage of evidence giving in Court where the testimony that a witness has already given is examined by counsel for the defence.

Counsel for the Defence

The legal representative responsible for conducting the case for the defence.

Designated Officer

Person within the Trust responsible for managing investigations of suspected, alleged or confirmed instances of abuse against vulnerable adults.

District Command Units

There are eight District Command Units in Northern Ireland headed by a Chief Superintendent.

Evidence

The term 'evidence' in its legal sense embraces all matters exclusive of mere argument, which can be placed before a Court to prove or disprove any matter or fact, the truth of which is the subject of judicial investigation.

Evidence-In-Chief

The initial stage of giving evidence in Court where the witness is taken through their evidence by counsel for the prosecution.

Form 38/36

Form used by PSNI for making a written record of witness evidence when video is not seen as an appropriate form of recording - known as 'a statement'.

Hearsay Evidence

Evidence of what a person has heard another person, not the accused, say. It is not admissible in criminal proceedings.

Investigating Officer

Trust professional with responsibility for investigating the alleged abuse. Their role is to establish the facts, look at alternatives available and to provide counselling and support.

Line Manager

Management grade within the Trust to whom an individual directly reports.

Live Television Link

A system allowed under the Police and Criminal Evidence (NI) Order 1989 whereby certain witnesses can give evidence from a television monitor in a room separate from the main body of the Court.

NISCC (Northern Ireland Social Care Council)

NISCC is the independent regulatory body for the Northern Ireland Social Care workforce, established to increase public protection by improving and regulating standards of training and practice for social care workers.

Nominated Officer

The agency staff member with the delegated role of gathering information for the Strategy Planning Meeting which will be the basis for planning any subsequent investigation. The nominated officer will check internal systems for information that may be of use in deciding the strategy to be employed.

Points to Prove

The ingredients of a criminal offence, each of which must be satisfactorily proven in a criminal trial.

Police Service Procedure

A written instruction, which is issued to the PSNI.

Protection Plan

A plan developed to clarify the protection measures put in place to protect the individual. Roles and responsibilities for doing so are clearly identified.

Public Prosecution Service (PPS)

A body of legal staff who work independently from the Police and who are responsible for directing on cases forwarded for prosecution or otherwise.

Public Protection Units (PPUs)

Police team with specific responsibility for the following:

- Child Abuse Enquiry Unit;
- Domestic Violence;
- Management of Violent/Sex Offenders;
- Missing and Vulnerable Persons Enquiries/Investigations.

Regulation and Quality Improvement Authority (RQIA)

The RQIA is the independent body responsible for monitoring and inspecting the availability and quality of Health and Social Care services in Northern Ireland, and encouraging improvements in the quality of those services. The role of RQIA is to ensure that the Health and Social Care services in Northern Ireland are accessible, well managed and meet the required standards.

Regulated Service

The RQIA is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its supporting regulations.

The services which it regulates include residential care homes; nursing homes; children's homes; independent health care providers; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres; day care settings; and boarding schools.

Third Party Material

Matters of potential relevance to a Police investigation, which are not in possession of PSNI.



APPENDICES

Appendix 1

THE EUROPEAN CONVENTION FOR THE PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS INTO THE UK DOMESTIC LAW

THE HUMAN RIGHTS ACT 1998

MAIN CONVENTION RIGHTS:

- | | |
|------------|--|
| Article 2 | - Right to life |
| Article 3 | - Prohibition of torture |
| Article 4 | - Prohibition of slavery and forced labour |
| Article 5 | - Right to liberty and security of person |
| Article 6 | - Right to a fair trial |
| Article 7 | - No punishment without law |
| Article 8 | - Right to respect for private and family life |
| Article 9 | - Freedom of thought, conscience and religion |
| Article 10 | - Freedom of expression |
| Article 11 | - Freedom of assembly and association |
| Article 12 | - Right to marry |
| Article 14 | - Prohibition of discrimination |
| Article 16 | - Restrictions on political activity of aliens |
| Article 17 | - Prohibition of abuse of rights |
| Article 18 | - Limitation on use of restriction on rights |

FIRST PROTOCOL:

- | | |
|-----------|---------------------------|
| Article 1 | - Protection of property |
| Article 2 | - Right to education |
| Article 3 | - Right to free elections |

SIXTH PROTOCOL:

- | | |
|-----------|----------------------------------|
| Article 1 | - Abolition of the death penalty |
|-----------|----------------------------------|

NOTE: The following Articles are omitted from the Act:

- Article 1** - **Obligation to respect Human Rights**
- Article 13** - **Right to effective remedy**
- Articles 15 - 59** - **Operational provisions for the European Court**

Appendix 2

HUMAN RIGHTS - List of Considerations

If you cannot answer a question, you cannot proceed to the next question. Only take action when you have completed the list.

1. Is there any necessity to take action?
What are you doing? Why are you doing it?
2. Is there any legal basis upon which to take action? Is there a statutory/mandatory/discretionary power you are using? If so, state it. If not, on what basis are you taking action? (You should seek legal advice).

3. What are the Human Rights implications of the proposed action? (Go through Convention List and mark the relevant article and the relevant limitation).
(See Appendix 1)

Specify Article and Limitation

4. Is the proposed action proportionate? Is the scale of the action appropriate to the size of the problem? (i.e. consider whether it is intrusive or invasive). Is there an alternative?

Give reasons for your decision

5. Is there an independent public remedy available? If not, consider what will be the effect of failure to give a remedy i.e. Ombudsman/Judicial Review/other Court action).

Specify all available remedies

6. If action is taken, is there "equality of arms"?
Does the person have the same opportunity to gather evidence as you and present it to the Court/Tribunal?
7. Is the action the least possible one?
Is it the least intrusive or invasive?

POST-EVENT EVALUATION

Signed:

Dated:

Print Name:

Position/Rank:

Appendix 3**Police Service of Northern Ireland - Contact Number (028) 9065 0222****Contact details for referrals to PPU's between****9.00 am - 5.00 pm Monday to Friday****A District - North and West Belfast**

Inspector Ext 28950 Sergeant Ext 28826

B District - South and East Belfast

Inspector Ext 23594 Sergeant Ext 23579

C District - North and South Down, Ards and Castlereagh

Det/Inspector Ext 31160 Sergeant Ext 15782

D District - Antrim, Lisburn, Newtownabbey and Carrickfergus

Inspector Ext 30321 Sergeant Ext 27630

E District - Lurgan, Craigavon, Armagh, Banbridge and Newry and Mourne

Inspector Ext 34022 Sergeant Ext 34017

F District - Fermanagh, Omagh, Cookstown, Dungannon and South Tyrone

Inspector Ext 54194 Sergeant Ext 54118

G District - Foyle, Limavady, Strabane and Magherafelt

Det/Inspector Ext 58565 Sergeant Ext 57019

H District - Coleraine and BallymenaInspector Ext 63901 Sergeant - Coleraine Ext 83102
Sergeant - Ballymena Ext 63253**In all referrals regarding Vulnerable Adults the Sergeant attached to the relevant PPU will be the first point of contact.****Outside of usual office hours (9.00 am - 5.00 pm, Monday to Friday) the Duty Inspector in the relevant District should be contacted.**

Appendix 4**Contact details for Designated Officers and Contact points for
Out-of-Hours Emergency Social Work Co-ordinators**

HSC Trust	Designated Officer Contact
Belfast	Phone: (028) 9032 7156
South Eastern	Phone: (028) 9266 5181 Ext 4544
Western	Phone: (028) 7131 4090
Northern	Learning Disability Phone: (028) 2766 1393 Mental Health Phone: (028) 9441 3114 Older People Phone: (028) 2563 5558 Physical Disability and Sensory Impairment Phone: (028) 2766 1217
Southern	Learning Disability Phone: (028) 3752 2381 Mental Health Phone: (028) 3883 1983 Older People Phone: (028) 3082 5120 Physical Disability and Sensory Impairment Phone: (028) 3833 3332

Out-of-Hours Emergency Social Work Co-ordinators - Contact Points

Belfast Health and Social Care Trust and
South Eastern Health and Social Care Trust
(Knockbracken Healthcare Park) (028) 9056 5444

Northern Health and Social Care Trust
(Holywell Hospital) (028) 9446 8833

Southern Health and Social Care Trust
(Daisy Hill Hospital) (028) 3083 5000

Western Health and Social Care Trust
(Altnagelvin Hospital) (028) 7134 5171

Appendix 5

Contact details for the Regulation and Quality Improvement Authority between 9.00 am - 5.00 pm Monday to Friday

The RQIA's headquarters is located in Belfast at :

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT
Phone: (028) 9051 7500

Contact details for the RQIA's Omagh office are:

The Regulation and Quality Improvement Authority
Hilltop
Tyrone and Fermanagh Hospital
OMAGH
BT79 0NS
Phone: (028) 8224 5828

Appendix 6

ADULT PROTECTION: FORM AJP1 - RECORD OF JOINT AGENCY CONSULTATION

Referral by telephone on _____ / _____ / _____	
To: _____	Designation: _____
Person referring: _____	Designation: _____
Address: _____	
Contact Tel No: _____	

Name of Vulnerable Adult: _____ DOB: ____/____/____
 Home Address: _____
 Present Location: _____

Gender*: M ☐ F ☐

Nature of Vulnerability*: ☐ Frail Older Person ☐ Dementia ☐ Learning Disability
☐ Physical/Sensory Disability ☐ Mental Illness ☐ Other (please specify)

Is the Vulnerable Adult subject to any legal/statutory status?*(
 e.g. Guardianship, Non-Molestation Order) Yes ☐ No ☐

If yes please provide details: _____

Details of any current or past involvement with Social Services, Police and/or the Regulation
 and Quality Improvement Authority: _____

Name of Carer/Next of Kin: _____

Address: _____

Contact Tel No: _____

WHAT IS THE MAIN FORM OF SUSPECTED, ADMITTED OR KNOWN ABUSE?*

<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Psychological/Emotional
<input type="checkbox"/> Financial	<input type="checkbox"/> Neglect	<input type="checkbox"/> Institutional Abuse
<input type="checkbox"/> Other (please specify)		

HAS THERE BEEN PREVIOUS CONCERN OR EVIDENCE OF ABUSE?*

☐ Yes ☐ No ☐ Don't know

If yes, what was the nature of the concern and the outcome?

 *Please tick appropriate box/es

ORIGINAL FOR POLICE FILE AND COPY TO SOCIAL SERVICES

Outcome of Joint Agency Consultation*

Single Agency Investigation by:

Social Services ☐

Police ☐

RQIA ☐

Joint Investigation by:

Social Services ☐

Police ☐

RQIA ☐

OR

Protocol for Joint Investigation of alleged and suspected cases of abuse of vulnerable adults ☐

Please specify if any other follow up will take place.

Signature of person completing form: _____

Print Name: _____

Designation: _____

Date: _____

- Please tick appropriate box/es

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Appendix 7**ADULT PROTECTION: FORM AJP2 - STRATEGY FOR INVESTIGATION**

Name of Vulnerable Adult: _____ DOB: __/__/__

(A) PEOPLE IN ATTENDANCE/INVOLVED (NAME & AGENCY):

OTHERS CONSULTED:

(B) INITIAL STRATEGY: Date: __/__/__

Next of Kin/Carer to be informed: YES/NO By Whom: _____

(i) Amendments to strategy

Date:

 Telephone/Meeting*
 Persons Involved/Designation:

(ii) Amendments to strategy

Date:

(C) PERSONS TO BE INTERVIEWED

 Telephone/Meeting*
 Persons Involved/Designation:

* Please delete as appropriate

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1 Person making the allegation to clarify all facts about referral

Name: _____

Address: _____

2 Next of kin or other carers:

Name: _____ Relationship to Vulnerable Adult: _____

Address: _____

3 Significant others
(attach separate sheet if necessary)

Name: _____

Relationship: _____

Address: _____

Date & Time: _____

Venue: _____

Who will conduct?

SW: _____

PSNI: _____

Other: _____

4 The Vulnerable Adult

Name: _____

Address: _____

Date & Time: _____

Venue: _____

Who will conduct?

SW: _____

PSNI: _____

Other: _____

5 The Alleged Perpetrator

Name: _____

D.O.B: _____

Address: _____

Date & Time: _____

Venue: _____

Who will conduct?

SW: _____

PSNI: _____

Other: _____

Relationship to Vulnerable Adult: _____

* Please delete as appropriate

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(D) Has a statement of complaint been made? YES/NO*

By Whom: _____

Does the vulnerable adult have the capacity to:

(a) Consent to interview? YES/NO*

b) Consent to medical examination? YES/NO*

On what basis were these decisions made? _____

Signature: _____

Designation: _____

(of Person completing form)

Print Name: _____

Date: _____

* Please delete as appropriate

ORIGINAL FOR POLICE FILE AND COPY TO SOCIAL SERVICES

Appendix 8

ADULT PROTECTION: FORM AJP3 - CLARIFICATION DISCUSSION

Name: _____ DOB: ____ / ____ / ____

Address: _____

Date: _____ Time: _____

Venue: _____

CONSIDERATIONS:

- 1 Has the adult previously made a clear disclosure of abuse or are there substantive grounds for suspecting abuse has occurred?

Comment: _____

- 2 Is the adult willing to engage in an interview?

Comment: _____

- 3 Is the adult able to engage in an interview?

Comment: _____

- 4 Has the purpose of the interview been explained to the adult?

Comment: _____

- 5 Which format is the most suitable for the interview? If a video interview appears to be the most appropriate option assess the adult's willingness to be interviewed on video.

Comment: _____

Decision: VIDEO STATEMENT QUESTION AND ANSWER
(Circle format to be used)

NATURE OF DISCUSSION:

CONTEMPORANEOUS, VERBATIM RECORD OF DISCLOSURE:

(Please close with diagonal line)

SIGNATURE OF PERSON MAKING NOTES: _____

PRINT NAME: _____

DESIGNATION: _____ DATE: _____

(NOTE: Responsibility for completion rests with either **Police** or **Social Services**)

The Protocol has been produced by the Health & Social Care Board in partnership with the Health & Social Care Trusts, Police Service of Northern Ireland and The Regulation and Quality Improvement Authority.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

Safeguarding of Children and Vulnerable Adults in
Mental Health and Learning Disability Hospitals in
Northern Ireland

Overview Report

February 2013

informing and improving health and social care

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health Social Services and Public Safety and are available on the RQIA website at www.rqia.org.uk.

Membership of the Review Team

Theresa Nixon	Director of Mental Health and Learning Disability and Social Work
Patrick Convery	Head of Mental Health and Learning Disability
Margaret Cullen	Mental Health Officer/ Inspector
Rosaline Kelly	Mental Health Officer/ Inspector
Carolyn Maxwell	Mental Health Officer/ Inspector
Janet McCusker	Mental Health Officer/ Inspector
Audrey Murphy	Mental Health Officer/ Inspector
Patricia Corrigan	Project Administrator

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Executive Summary

The Regulation and Quality Improvement Authority (RQIA) believes the right to be protected from abuse or harm is a fundamental principle underpinning the safeguarding of children and vulnerable adults. Individuals who are vulnerable because they lack capacity rely on others to keep them safe from abuse or potentially abusive situations. Those who abuse that trust are liable to prosecution under the criminal law.

RQIA is one of four organisations which collaborate to ensure that alleged and suspected cases of abuse of vulnerable adults are fully investigated and that measures are in place to offer appropriate protection. RQIA also works closely with other agencies to ensure appropriate measures are in place to protect children from abuse.

In April 2011 the Department for Health, Social Services and Public Safety (DHSSPS) commissioned RQIA to carry out a review of the effectiveness of safeguarding arrangements within mental health and learning disability (MHL) hospitals across the five health and social care (HSC) trusts in Northern Ireland.

RQIA's Mental Health and Learning Disability Team incorporated the theme of safeguarding into a planned programme of inspections for 2011-2012. This report summarises the findings from 33 inspections carried out between December 2011 and July 2012. It contains 26 recommendations to ensure the continued safeguarding and protection of children and vulnerable adults.

Inspectors found that all trusts had policies and procedures in place to keep people safe from the risk of harm and abuse. Trusts had established safeguarding partnerships to promote the awareness of safeguarding. Much effort has been made to ensure staff were appropriately trained.

Responsibility for safeguarding adults was vested in the Northern Ireland Adult Safeguarding Partnership (NIASP). At the time of the review, the Regional Child Protection Committee (RCPC) had responsibility for safeguarding and promoting the welfare of children. The new independent Safeguarding Board for Northern Ireland (SBNI) has now been established to include the duties of the former RCPC. These arrangements had not been fully reflected within the trust's safeguarding policies and procedures. Further work is required to ensure this occurs in a timely way.

Although there was evidence that safeguarding was being promoted, a common theme across all trusts was that there were instances where procedures were not always being appropriately and consistently applied.

To ensure that patients' rights are fully protected, there are areas that require improvement by trusts. These include: variation in thresholds for referring safeguarding concerns; the inappropriate use of restraint by untrained staff; and the lack of application of the correct procedures to protect patients' money and possessions.

Trusts need to continue their efforts to ensure staff are made aware of the indicators of abuse, and monitor closely the evidence of the effectiveness of the implementation of safeguarding policies, procedures and practices.

Inspectors noted the efforts made by all trusts to increase advocacy services for patients, but this was variable in some places. Discrepancies were noted in record keeping and many records were not appropriately signed. Assessments were not always updated and the types of interventions made were not appropriately recorded.

Recommendations for improvement are made within this report. These have been raised with the DHSSPS, HSC Board and with the trusts, through the inspection process.

In order that children and vulnerable adults are protected and kept safe from harm, the focus on safeguarding needs to continue to be a priority for all HSC organisations.

The findings of all adult mental health and learning disability inspections are reported on the RQIA website. The MHLTD team also continues to follow up progress in respect of the implementation of the recommendations contained in the individual inspection reports.

Section 1 – Introduction

1.1 Context for the Review

In April 2011 DHSSPS commissioned RQIA to carry out a review of safeguarding in mental health and learning disability hospitals. The purpose of the review was to consider and report on the effectiveness of the safeguarding arrangements in place within the MHL D hospitals across the five HSC trusts in Northern Ireland.

This review focused primarily on the arrangements in place to prevent abuse and assist staff to protect patients and themselves. The inspectors also examined a number of aspects of patient care and the findings are detailed in the individual inspection reports.

Safeguarding is a generic term which is used to describe the multidisciplinary measures put in place to minimise and manage risks to children and vulnerable adults. The safeguarding of children and vulnerable adults is a shared responsibility. Safeguarding arrangements require to be effective across a number of dimensions including awareness, prevention, identification and response.

To further develop the existing standards and guidance for safeguarding children and vulnerable adults, in 2009, DHSSPS introduced the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults.

For the purpose of this report, the term safeguarding refers to the HSC organisations' responsibilities to protect people whose circumstances make them particularly vulnerable to abuse. For adults, the definition of vulnerability is defined as:

“a person aged 18 years or over who is, or may be, in need of community care services, or is resident in a continuing care facility by reason of mental or other disability, age or illness or 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.”¹

It is accepted that a person's need to be safe from harm is determined, not only by their individual circumstances, but also by the care setting they are in. Abuse may be committed as the result of negligence, ignorance or deliberate intent and targeting of vulnerable people, either in a single act or on a continuing basis.

At the time of the review, the definitions of abuse for both children and vulnerable adults were determined from available guidance. For adults, the

¹ Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance. (September 2006)

Safeguarding Vulnerable Adults Guidance (September 2006) defined abuse as:

“The physical, psychological, emotional, financial or sexual maltreatment, or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship.”²

For children, Co-operating to Safeguard Children (DHSSPS, 2003) document defined abuse as:

“Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them, or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them.”³

For the purposes of the inspections, forms of abuse were categorised as:

- physical abuse (including inappropriate restraint or use of medication)
- emotional abuse
- sexual abuse
- psychological abuse
- financial or material abuse
- neglect and acts of omission
- institutional abuse
- discriminatory abuse

In meeting the objectives of the term of reference, the review focused on:

- policies and procedures associated with safeguarding
- management, supervision and training of staff
- arrangements for the recruitment of staff
- awareness and response to safeguarding concerns
- identification and prevention of abuse
- concerns and complaints from patients and relatives
- records management arrangements

² Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance. (September 2006)

³ Co-operating to Safeguard Children (DHSSPS, 2003)

Inspectors examined the safeguarding arrangements in place across the MHL D hospital wards in all five HSC trusts, including:

- children's learning disability wards
- children's and adolescent mental health wards
- acute learning disability wards
- acute mental health wards
- brain injuries units
- continuing care learning disability wards
- continuing care and rehabilitation units
- dementia wards and
- psychiatric intensive care units

Relevant legislation, policies, procedures, guidance and best practice documents were considered by the inspectors in their assessment of the effectiveness of each trusts' safeguarding arrangements.

Services or facilities excluded from this review included: those attended by children and vulnerable adults that are not either mental health or learning disability facilities; any MHL D services provided by private, independent and voluntary agencies; and the agencies and establishments (see Appendix 1) currently regulated by RQIA.

This report summarises the findings from these inspections and makes the recommendations necessary to ensure the continued safeguarding and protection of vulnerable adults and children.

1.2 Review Methodology

Seventy-two MHLN wards fell within the scope of this review. It was necessary to adopt a suitable methodology that would maximise the ability to validate the quality of safeguarding arrangements across the trusts. The review team agreed that validation of the safeguarding arrangements would be undertaken through a programme of announced inspections, carried out by RQIA's MHLN team. The rationale for this approach was to maximise the number of facilities inspected and make best use of the time available for discussions with management, staff and patients.

The Review Process:

1. Prior to the inspections 113 patient experience interviews were undertaken by RQIA from July to September 2011. Patients' views were used to inform the assessment of the effectiveness of the safeguarding arrangements in place.
2. Prior to inspection each ward completed a self-assessment questionnaire, detailing its safeguarding arrangements. Each HSC trust was also asked to complete a questionnaire regarding its corporate responsibility in all areas of safeguarding.
3. In view of the timescale for reporting, it was not possible to inspect all 72 MHLN wards. A proportionate risk-based approach was adopted to determine the wards to be inspected. Wards considered to have a higher risk rating, based on certain criteria, were selected over those wards that had a lower risk rating. RQIA's MHLN team analysed the available information on each ward and used the following risk based criteria to select the wards to be inspected:
 - intelligence and recommendations made from previous inspections
 - information gathered from patient experience reviews
 - information received from complaints and serious adverse incidents
 - the analysis of self-assessment questionnaires returned by the trusts
 - type of ward or service provided

From this analysis, 33 wards (four children's and 29 adult wards) were rated as high priority and selected for inclusion in the inspection programme (see Appendix 2). RQIA agreed with DHSSPS that this sample would provide an overview of the quality of safeguarding and safety arrangements across the five trust areas. While every effort was made to select wards in each trust based on the type of care provided, on occasion the need to inspect wards identified with a higher risk rating took precedence.

4. Each inspection examined aspects of safeguarding arrangements.
Evidence to support the findings was drawn from:
 - meetings held with patients, staff and other professionals
 - an examination of patient case files, complaints and serious adverse incidents
 - an analysis of the findings from recent RQIA inspections and reviews.
5. In line with the methodology, two stages of reporting of the findings were agreed:
 - individual inspection reports would be produced for each ward and presented to the trusts in line with the normal inspection process.
 - a single overview report containing a summary of the regional findings would be produced for the DHSSPS.

Section 2 – Findings from the Review

2.1 Background to the Findings

The findings of this review are presented under the following themes:

- governance arrangements both in the trust and in specific hospital wards
- the level of awareness of safeguarding arrangements and issues
- the ability of trust staff to recognise signs of abuse
- the mechanisms in place to prevent people experiencing abuse in the first place
- the procedures in place for staff to act appropriately if made aware of allegations or cases of abuse

In measuring effectiveness, it was important to recognise the broader context of practice and the internal and external challenges that impact on performance. It was not appropriate to judge safeguarding arrangements using a single effectiveness measure, as there are many components that need to be considered. Rather, different evidence was used to inform the development of indicators that could be used to assess the effectiveness of safeguarding arrangements.

Inspectors considered these would offer an appropriate basis for determining whether the safeguarding arrangements were sufficient to enable staff to effectively promote the welfare of children and vulnerable adults.

During the course of the inspections of the wards, issues were identified such as: a lack of consultation regarding human rights; environmental issues; and other areas not directly associated with safeguarding. Any issues identified during the inspection were brought to the immediate attention of relevant trust personnel for action, or raised under RQIA's escalation policy and procedure. The required action was detailed in the relevant quality improvement plan, for response by the trust.

The only provision for dedicated MHLN children's wards were in the Belfast Health and Social Care Trust (Belfast Trust) and the Western Health and Social Care Trust (Western Trust). The policy within the Western Trust was to minimise the admission of young people under 18 and to strive for a hospital at home model⁴. Although there were no children admitted to Crannog ward (Western Trust) at the time of the inspection, the ward still fell within the scope of the review and was inspected.

Although there were four dedicated MHLN children's wards, inspectors identified the continued admission of young people under 18 to adult wards in all trusts.

⁴ This enables specialist supports to be provided in the community as an alternative to hospital admission.

2.2 Governance Arrangements in Respect of Safeguarding

A successful safeguarding agenda requires the support of a wide network of agencies, organisations and communities of interest from across the statutory, voluntary, community, private and faith sectors.

Unlike child protection, prior to 2010 the coordination of arrangements for the safeguarding of vulnerable adults was limited. However, the recent work undertaken by DHSSPS and the Department of Justice (DoJ), formerly the Northern Ireland Office, led to the establishment of safeguarding partnerships and to the development of working groups to standardise regional policies and procedures.

Adult Safeguarding Partnerships

While HSC organisations were able to clearly demonstrate their structures, governance and working arrangements, inspectors considered that safeguarding arrangements were in the early stages of development, as many policies and procedures were not updated. At the time of the review, the adult safeguarding partnerships had been in place for approximately 18 months. Inspectors considered that the publication of new regional adult safeguarding policy and procedures, completion of further safeguarding training for all staff, and the compilation of information on safeguarding are key factors requiring progression, to bring these partnerships to a more established stage of development.

Overall regional responsibility for adult safeguarding rests with the Northern Ireland Adult Safeguarding Partnership (NIASP), chaired by the HSC Board. The NIASP includes representatives from the statutory, voluntary, community and faith sectors. It has responsibility for the strategic direction and development of adult safeguarding throughout health and social care.

Within each trust area, a Local Adult Safeguarding Partnership (LASP) has been established, with responsibility for implementing the NIASP's guidance and operational policies and procedures at local level. Each LASP is chaired by an assistant director from the trust and includes representation from the trust and statutory, voluntary, community and faith sectors. The chairs of the LASPs are integral members of the NIASP, which provides direct links for communication and reporting between the partnership groups.

Inspectors considered there is an effective infrastructure in each trust to support the operation of partnership groups. This includes sub-groups of NIASP, which lead in the areas of: policies and procedures; performance management and information; training; and communication and service user experience. During the review, some representatives of the partnerships suggested that the effectiveness of the sub-groups could be further improved by restructuring into trust led sub-groups, with a regional focus to improve practice.

Communication and reporting arrangements between the LASPs and NIASP were considered to be effective. LASPs regularly report on standards and outcomes such as training, trends, serious incidents related to adult safeguarding and vulnerable adult reviews. This information is used in the compilation of NIASP progress reports and a delegated statutory functions report is delivered annually by each trust to the HSC Board.

The only vacancy reported in the LASP, was one position within the Northern Health and Social Care Trust's (Northern Trust). This was in the process of being filled and was not adversely impacting on the activities of the group. Good attendance at NIASP and LASP meetings was reported, but attendance had fallen in both, particularly at the sub-group level.

Child Safeguarding Partnerships

Well established child protection arrangements have been in place in HSC organisations for many years, in response to the events surrounding child abuse and historical child abuse inquiries. These focused more on child protection, than on wider aspects of safeguarding. However, this focus will change with the introduction of new child safeguarding legislation by DHSSPS and the establishment of new safeguarding structures. These new structures include a regional independent Safeguarding Board for Northern Ireland (SBNI) and five safeguarding panels located within each trust geographical area. These will mirror existing child protection arrangements, but with increased independence and direct accountability to the Minister for Health, Social Services and Public Safety.

As child protection partnerships have been in place for many years, HSC organisations were able to demonstrate evidence of appropriate structures, governance and joint working arrangements. At the time of the review, the Regional Child Protection Committee (RCPC) held overall responsibility for child safeguarding partnerships, which was chaired by the HSC Board. The RCPC is made up of representatives from the statutory, voluntary and community sectors and has responsibility for the strategic direction and development of child protection throughout Northern Ireland.

Considerable progress has been made in establishing new child safeguarding arrangements. During the transition period, the chair of the SBNI sat on the RCPC partnership, and the RCPC continued responsibility for child protection on an interim basis. During the review, it was established that the delay in transition of responsibility was impacting on the development of some aspects of child safeguarding arrangement, in particular, the development of up-to-date policies and procedures.

Within each trust area, a child protection panel (CPP) was established, with responsibility for implementing RCPC guidance and operational policies and procedures at local level. Each CPP was chaired by a trust assistant director and included representatives from the trust and the statutory, voluntary and community sectors. The chairs of the CPPs are also integral members of the

RCPC, which provides direct links for communication and reporting between the partnership groups.

Inspectors considered that there was an effective infrastructure to support the operation of the partnership groups. Established RCPC sub-groups had taken a lead in the areas of: policies and procedures; case management reviews; education, training and audit; and communication and media management.

Communication and reporting arrangements between the CPPs and the RCPC are considered to be effective as there is a set of requirements for regular reporting and direct links for communication. CPPs regularly reported on standards and outcomes, which included statistical reporting, training, serious incidents related to child safeguarding and case management reviews. This information is used to compile RCPC quarterly reports and each trust's delegated statutory functions report to the HSC Board.

No vacancies were reported on the RCPC or CPPs, and attendance at their meetings was generally good. Inspectors noted that the position of the designated paediatrician for child protection within the HSC Board was vacant; however, another paediatrician was currently fulfilling the responsibilities of the post.

Policies, Procedures and Protocols

While partnership groups were able to demonstrate a strategic plan for adult safeguarding, inspectors were concerned about the lack of an up-to-date regional policy and procedures for safeguarding vulnerable adults. Some trusts had developed their own policy and procedures in accordance with the DHSSPS regional guidance - Safeguarding Vulnerable Adults - Regional Adult Protection Policy and Procedural Guidance (2006) and the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009). Others had embraced the best practice elements from Safeguarding Vulnerable Adults - A Shared Responsibility: Standards and Guidance for Good Practice in Safeguarding Vulnerable Adults (Volunteer Now, 2010). However, the most used guidance by most MHL D hospital settings was the 2006 document Safeguarding Vulnerable Adults - Regional Adult Protection Policy and Procedural Guidance⁵. Inspectors considered the 2006 document to be out-dated as it does not reflect current best practice for safeguarding vulnerable adults.

A NIASP sub-group has developed new draft operational policy and procedures for regional adoption, which are currently under review. However, given the direct relationship between these procedures and the development of an Adult Safeguarding Policy Framework being undertaken between DHSSPS and DoJ, the policy and procedures will not be released in advance of the Adult Safeguarding Policy Framework being published. Inspectors considered that until this is published, NIASP will be unable to fully deliver an

⁵ Safeguarding Vulnerable Adults - Regional Adult Protection Policy and Procedural Guidance (2006)

effective safeguarding plan in the absence of up-to-date policies and procedures.

While children's partnership groups were able to demonstrate a strategic plan for child protection based on regional policy and procedures, few trusts had taken steps to further develop trust specific child safeguarding policy and procedures. With the transfer of responsibility to SBNI, both the regional policy and procedures and trust specific child safeguarding policies and procedures will need to be updated accordingly.

Patient Experiences

An area that was not fully evident in the reporting process was that of the lack of reporting of adult patient experience. The inspectors considered that work on patient experience with adults, undertaken within the trusts, should be reported on and the information used to inform the commissioning of services by the HSC Board. NIASP has already been tasked with establishing arrangements for user engagement.

While work on patient experience of children has been initiated, it was not evident in the reporting process. The RCPC had already identified this gap and was planning to incorporate this in its work in the period before transfer to the SBNI. The communication between the SBNI and children and young people had already been established as a key priority of the new SBNI.

Inspectors considered that the newly established partnerships within children and vulnerable adult services provide effective arrangements in terms of leadership, governance, infrastructure, communication and reporting. This constitutes a sound foundation for safeguarding in Northern Ireland. The findings from inspections also indicated a number of on-going challenges, including the need for more direct patient experience and feedback; the release of revised regional policy and procedures; and the further development of the new safeguarding structures.

Recommendations

1. The DHSSPS should prioritise the publication of the Adult Safeguarding Policy Framework to facilitate the release of the new Adult Safeguarding Policy and Procedures.
2. Trusts should ensure that work capturing patient experience is included in their quarterly and annual reports to the HSC Board.

2.3 Awareness of Safeguarding Practice

The abuse of children or vulnerable adults can occur when a person is neglected, harmed or not provided with proper care. Raising awareness of abuse is one of the building blocks of effective safeguarding and not only enables staff within services to recognise and prevent it, but assists those at risk to recognise it and to seek help in protecting themselves.

For systems to be fully effective, all safeguarding arrangements must be promoted and not limited to the awareness of abuse. Staff must be familiar with the safeguarding structures within their organisation; understand their role and the roles of others; be aware of the policies and procedures; and know what action to take in relation to safeguarding issues. Similarly, patients and relatives should be made aware of the procedures and support arrangements associated with safeguarding.

Responsibility for safeguarding children and vulnerable adults is not specific to MHLA staff and applies equally across all services provided by the trusts. Information obtained during this review and also from the previous RQIA review of the Joint Protocol⁶, demonstrated that trusts had clear lines of management accountability and corporate responsibility in relation to safeguarding children and vulnerable adults.

Whilst structures associated with the safeguarding of children and vulnerable adults are in place, they differ from trust to trust. Each trust has representation at board and director level; designated officers⁷ and investigating officers⁸ for vulnerable adults; and designated paediatricians and named nurses for child protection. The effectiveness of the structures was confirmed by evidence of clear channels of accountability and communication. All trusts were able to demonstrate how they reported information from service level to trust board, and externally to the HSC Board. This included general information, performance returns, case management, risk management, governance oversight arrangements and information on the discharge of statutory functions.

On adult wards, inspectors considered that staff awareness of the designated officer role was not fully understood. However, in speaking with staff during inspections it was clear to inspectors that awareness of the role still not fully developed, as a limited number of staff were unsure of, or unable to identify the designated officer. Of the staff who replied to the questionnaires, approximately 15% claimed to be unable to identify their designated officer. A

⁶ RQIA Review of the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults

⁷ Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance, defines the Designated Officer as: The person within the Trust deemed to be responsible for the decision to proceed under the Adult Protection Procedures and for coordinating any subsequent investigation which takes place.

⁸ Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance, defines the Investigating Officer as: The experienced and suitably qualified professional appointed by the Designated Officer to carry out an investigation of the alleged abuse as agreed at the Strategy Discussion.

similar view was expressed by visiting professionals, such as consultant psychiatrists, social workers and therapists. Staff perceptions of their roles in relation to safeguarding vulnerable adults varied and was clearly linked to awareness and understanding received through training. Staff who had received training considered that it was mostly effective in terms of raising awareness of their roles in safeguarding vulnerable adults.

Each trust was developing the role of the designated officer and also the role of the investigating officer within MHLDS services, either in individual wards or in covering a hospital site. Inspectors considered this development to be beneficial in terms of improved communication, reporting and providing advice on adult safeguarding issues. The Northern Trust had the lowest number of designated officers, compared to other trusts. Its approach is to establish the number of designated officers proportionate to the level of safeguarding activity. The trust confirmed that the number of designated officers would increase if the level of safeguarding activity increased.

In relation to child safeguarding, the roles of designated paediatricians and named nurses were clear in all trusts and staff awareness was also very good.

All wards were noted to be proactive in promoting the awareness of child and adult safeguarding and had information regarding safeguarding displayed appropriately on notice boards. Posters and information leaflets were displayed at the entrance to wards to alert relatives and visitors. Policy and procedures and other information was available for staff in ward offices.

Training in Safeguarding Children and Vulnerable Adults

Awareness of adult safeguarding and knowing what to do in a safeguarding situation can be improved through experience. If staff are to be equipped to deal effectively with an adult safeguarding situation, they must be appropriately trained. Approximately 66% of staff across the trusts were trained in safeguarding vulnerable adults. At the time of the review, only 16 wards were found to have had all staff trained in safeguarding vulnerable adults, although training schedules were noted to be in place for those who had not been trained.

On children's wards, child protection training was considered to be an integral element in maintaining appropriate child safeguarding arrangements. However, inspectors identified 16 staff working on the wards that had not received child protection training or training in Understanding the Needs of Children in Northern Ireland (UNOCINI)⁹. Inspectors expressed concern about this and recommended that all staff working on children's wards are appropriately trained in child protection

⁹ UNOCINI Guidance - Understanding the Needs of Children in Northern Ireland (Revised 2011)

Knowledge and Awareness of Policy and Procedures

Effective adult safeguarding is unsustainable without appropriate guidance or policy and procedures. Arrangements for ward staff to access adult safeguarding guidance, policy and procedures were in place, with information being maintained and accessible either in hard copy or electronically via the trust's intranet. Inspectors identified that supporting procedures, such as the joint protocols¹⁰ for investigations for both children and vulnerable adults and procedures for reporting and responding to allegations made against staff were absent from 15 wards across the Belfast (six wards), Western (five wards) and South Eastern Health and Social Care Trusts (South Eastern Trust) (four wards).

Staff awareness of each trust's policy and procedures for safeguarding vulnerable adults is an indicator of how alert an organisation is to the possibility of abuse occurring. During inspections, inspectors encountered a small number of staff in a few wards who claimed not to be aware of these policies and procedures. Even though it had been previously identified that not all staff across the trusts had completed safeguarding vulnerable adults training, inspectors considered that this was unlikely to be the primary contributing factor for the lack of awareness.

While trusts are taking positive steps in this area, inspectors considered that current regional guidance for adult safeguarding is not fully effective. Inspectors considered that the guidance was not up-to-date and did not reflect current best practice for safeguarding vulnerable adults. NIASP is in the process of developing a new operational policy and procedure. However, the delay in release of the revised guidance is having an impact on the ability of trusts to fully progress the adult safeguarding agenda at a local and regional level.

Guidance, policy and procedures for safeguarding children, the ACPC Regional Policy and Procedures (2005), were well established within all trusts and staff within children's wards were aware of them. Inspectors also observed appropriate policies and procedures specific to looked after children on the children's wards. The arrangements for staff on children's wards to access each trust's guidance, policy and procedures were considered to be effective, with information both available and accessible either in hard copy or electronically via trusts' intranets.

It was identified that supporting documentation on three of the four children's wards was outdated. Although these wards were aware of this, it was highlighted they had refrained from instigating any changes to documentation until the completion of the transfer of responsibilities and updated regional policies and procedures were available.

¹⁰ The Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults and the Protocol for Joint Investigation by Social Workers and Police Officers, of Alleged and Suspected Cases of Child Abuse.

Policies and procedures to support adult safeguarding and child protection, such as policies for management of violence and aggression, restrictive practices and the use of restraint and physical interventions were in place across all trusts. The majority of staff across all trusts demonstrated an awareness of the supporting policies and procedures and how and where to access them, if required. However, on a small number of wards some of these policies were not up-to-date.

Effective awareness of safeguarding should not be limited to trust staff, but should include both patients and relatives. While wards were actively promoting safeguarding and raising the awareness through posters and information leaflets, many patients and relatives had little understanding or awareness of their respective trusts' safeguarding arrangements. On average, 42% of patients and 43% of relatives who responded during the review, claimed to be unaware that the ward had a safeguarding vulnerable adults policy. Inspectors considered patients and relatives should have been made aware of trust procedures in order to be able to reflect any safeguarding concerns.

Recommendations

3. Trusts should ensure that all staff working within mental health and learning disability wards are appropriately trained in safeguarding vulnerable adults.
4. Trusts should ensure that all staff working on children's wards within mental health and learning disability services are appropriately trained in child protection and Understanding the Needs of Children in Northern Ireland (UNOCINI).
5. Trusts should ensure that the awareness of their safeguarding structures and roles is fully promoted in all wards and ensure that this information is readily accessible to staff, patients, relatives and visitors.

2.4 Identification of Safeguarding Concerns

Determining whether abuse has occurred or not, can be a difficult task. To help to ensure effective safeguarding arrangements are in place, staff must be suitably skilled and competent in identifying signs of abuse and managing potential risks to vulnerable adults or children.

At the time of the review, inspectors were advised that about one third of staff had not received updated training in safeguarding vulnerable adults. While almost all staff were able to demonstrate good working knowledge and understanding of adult safeguarding and the types of abuse, a small number of staff were less able to demonstrate the same levels of knowledge or understanding. This was evidenced across all trusts during the inspection of wards.

The lack of ability to identify safeguarding issues was an area of particular concern to inspectors. Inspectors identified that on ten of the wards inspected, instances where safeguarding cases were not being classified by staff as a safeguarding concern. This meant that appropriate follow up and prevention mechanisms were not initiated. Such cases included patient on patient assaults or unexplained bruising. Lack of consideration of these incidents as possible abuse, was associated with what staff determined to be the threshold at which an incident should be designated as a safeguarding issue. In cases where a staff member is faced with doubt about a threshold decision, the appropriate course of action should be a referral to the designated officer for advice, but on occasions this did not occur. Nine wards received a recommendation in relation to the identification of threshold levels.

A lack of training was cited by some to be a contributing factor, however, not the only factor. Inspectors also found that a limited number of staff were unable to provide assurances that they fully understood safeguarding procedures and requirements, while others stated they did not feel confident in dealing with safeguarding issues, even after receiving training.

In light of this, inspectors considered that some aspects of safeguarding vulnerable adults training were not effective in providing staff with the understanding and confidence necessary to discharge their roles. A similar view was shared by a ward manager in one trust, who stated that clarification on the content of adult safeguarding training was required. Inspectors considered that the understanding of staff of the threshold level for reporting issues requires to be reviewed by NIASP.

Risk Assessment and Management

Identifying potential risks and putting measures in place to deal with them are crucial in the prevention of abuse. All trusts have systems in place to identify and manage risks to patients, which included the use of the DHSSPS 2010 guidance on Promoting Quality Care (PQC).

Patient files were reviewed in all trusts and it was noted that risk assessments and care plans were completed for all patients. There was also clear evidence of these documents being reviewed and discussed at multidisciplinary team meetings, with many instances of the patients being involved. Information provided by relatives indicated that some considered they were not being informed or kept up-to-date with what was happening on the ward. Although this was not the case in all wards, many relatives expressed dissatisfaction with the feedback they had received from staff.

While patients in all trusts had received a risk assessment following admission to the ward, inspectors identified that the comprehensiveness of the documentation varied considerably between trusts. Concerns included:

- risks had been identified and recorded, but sometimes subsequent management plans had not been recorded in the notes, or notes were not correctly updated
- records were not updated to reflect patients' changing circumstances
- occurrences of risks that were considered to be serious had not been reviewed in detail
- some risks were not being recorded within the risk assessment
- patient assaults on staff were not reported as a risk

Staff indicated that assaults from patients formed part of the job; however, inspectors considered this may also be an indicator of potential risk to others and should be reported. A strategy should also be put in place to review, manage and minimise the risk.

Although each trust was able to demonstrate they had risk management systems in place, inspectors considered that staff on at least eight wards were not adhering or fully using the policy and procedures. A risk management plan is considered to be a live document and should be regularly updated to reflect any changes in patients' assessed needs and risks. Inspectors concluded that while the initial stages of the risk management process were being adhered to in all trusts, follow-up actions to update these documents were not always occurring. In the absence of updated and accurate patient documentation, arrangements to safeguard patients could be compromised.

All staff reported being aware of the risk assessment procedure. However, of the 345 staff across all trusts who replied to the questionnaires, approximately 61% advised of receiving training in how to carry out a patient risk assessment. While it is possible that not all staff would be required to carry out a patient risk assessment, inspectors considered this training would enhance their skills in the identification of risks.

Key indicators used in identifying child or adult safeguarding issues include accidents, incidents and near misses, where recurrences can highlight potential risks. It is important therefore, that trusts have in place procedures for reporting and recording accidents, incidents and near misses. Lessons can be learned from the analysis of these events which should be

disseminated to staff and used to inform changes in practice, policy and procedures.

Serious Adverse Incidents and Complaints

All trusts had policies and procedures in place for recording and reporting accidents and incidents, supported by accident and incident log books on the wards. Staff demonstrated high levels of awareness of the accident and incident reporting process.

Each trust had its own individual reporting process and demonstrated how accidents and incidents were regularly reported and discussed at respective governance meetings. Mechanisms to bring risks and concerns to the attention of the trust board/ senior management were also in place. Evidence of the analysis and learning being fed back to the wards was presented, and staff also confirmed that learning was discussed at staff meetings.

Inspectors identified effective accident and incident reporting processes in place across all trusts to complement their safeguarding arrangements. However, the effectiveness of these processes was, on occasions, comprised by the lack of application of the procedures by some staff on at least seven wards. In particular, the previously identified problem associated with the threshold level for reporting an incident of abuse resulted in cases not being entered into the safeguarding process. These cases were not being investigated and learning from them could not be identified and shared appropriately with staff.

Other indicators applied to the identification of safeguarding issues include the concerns and complaints received from patients, relatives and staff. Information of this nature can highlight issues or cases of abuse never previously identified or reported. When patients, relatives or staff have a concern or complaint they should have access to the organisation's complaints procedure.

The arrangements for complaints were well established in all trusts, with policy and procedures in place in all wards, supported by robust recording and reporting mechanisms. All staff demonstrated a high awareness of the complaints procedures. However, just under 50% of staff who responded to the questionnaire indicated that they had received complaints training. The high levels of awareness in this area were attributed to staff experience of managing complaints over the years.

Inspectors considered that effective arrangements were in place for the handling of complaints in order to provide patients, relatives or staff the opportunity to have their issues addressed. However, awareness and access to the process needs to be addressed. It was identified on the majority of wards visited, that information regarding the complaints policy was displayed and was available either on a poster, in leaflets or both. Information regarding complaints was also included in the information packs provided for patients and relatives on admission. Even though this information was readily

available, patients and relatives still reported having low awareness. Of the wards inspected, 17 received a recommendation in relation to promoting the complaints procedure with patients and relatives. Of the remaining 16 wards, only a small number demonstrated evidence of being proactive in the promotion of the complaints procedure. Inspectors were unable to determine a reason for low levels of awareness of the complaints procedure among patients and relatives and considered this as an area the trusts should investigate further.

The awareness of whistleblowing and cases arising from it are becoming more prevalent and offers a further opportunity for the identification of safeguarding issues. All trusts have a whistleblowing policy which was observed on all wards visited and all staff indicated a high awareness of the policy. While inspectors considered that effective arrangements are in place in relation to whistleblowing, they considered that trusts needed to update their whistleblowing policies to indicate that RQIA is a designated body under the provision of the Public Disclosure (Northern Ireland) Order¹¹ which staff can contact if they are concerned about abuse.

Recommendations

6. Trusts should develop in consultation with ward managers a mechanism to review the effectiveness of safeguarding vulnerable adults training.
7. Trusts should undertake an audit of practice to determine if all staff are robustly adhering to safeguarding policies and procedures.
8. Trusts should ensure that comprehensive investigations and risk assessments are carried out as required by relevant staff.
9. Trusts should ensure that risk assessment training is provided for all staff.
10. Trusts should ensure that all staff receive training in relation to the complaints policy and procedure.
11. Trusts should ensure that the complaints policy and procedures are clearly communicated and promoted to patients and relatives in a user-friendly format.

¹¹ The Public Interest Disclosure (Northern Ireland) Order 1998

2.5 Safeguarding Practice in Preventing Abuse

It is often difficult to prove that an abusive event has occurred and equally difficult to demonstrate that an abusive event has been prevented. Identifying what constitutes a successful preventative intervention is difficult to determine. It is for this reason that appropriate safeguarding prevention arrangements need to be in place. The prevention of abuse is preferable to supporting children or vulnerable adults after an abusive event has taken place.

Prevention is most likely to be effective where proper arrangements are in place such as: legislation and regulation; policies and procedures; training; awareness raising; information, advice and advocacy; interagency collaboration; and promoting the involvement of patients and relatives. However, the success of these arrangements will be determined by how well staff operate and adhere to them.

Appropriate recruitment and selection procedures are required to minimise the opportunity for unsuitable people to work with children or vulnerable adults. All trusts confirmed they had arrangements in place for vetting applicants, including carrying out pre-employment checks, requesting evidence of qualifications and registration with professional bodies, the provision of written references, and Access NI checks. Inspectors found these arrangements to be evident as protective measures in preventing unsuitable applicants from being employed by the trusts.

Good organisational practice requires a thorough induction process. In all trusts, new staff were required to undertake both a corporate induction and a local ward induction. Three trusts advised that the induction process included information on the trust's safeguarding arrangements. However, in the South Eastern and the Northern Trusts inspectors noted that safeguarding was not included in the corporate induction process. Inspectors considered this should be addressed, and safeguarding included as an integral part of all trusts' induction programmes.

Ward inductions tended to include reference to safeguarding arrangements. Evidence of the use of an induction checklist was observed on the wards. The only notable exception was in one ward in each of the Belfast and Western Trusts, where adult safeguarding was not observed to be part of the induction process. From observation of induction processes on other wards, inspectors considered the arrangements to be effective, as they provided an appropriate introduction to safeguarding for all new staff.

Good management of staff will ensure that everyone on the wards is clear about their roles and responsibilities in relation to safeguarding. Alongside the daily management responsibilities, supervision and appraisal should be available to assure the trusts that staff are carrying out their work to the required standard. Supervision is also essential to ensure that staff feel supported.

All trusts were noted to have policies and procedures in place for supervision and appraisal, although it was only in approximately half of wards visited that both processes occurred on a regular basis in line with the trusts' policies and procedures. Feedback from staff in these wards confirmed that regular supervision is offered and staff stated they felt supported by the ward manager. However, in 17 wards it was observed that no regular supervision was offered, or no supervision was taking place.

Appraisals had taken place in the majority of wards, with the exception of five wards in the Western Trust, where the absence of appraisals had been confirmed by staff. The Western Trust advised that in one instance this was due to no permanent ward manager being in place.

Inspectors considered there were effective arrangements in place to facilitate appropriate supervision and appraisal; however, these were not being applied consistently in 17 of the wards inspected. Inspectors also considered that by not adhering to supervision and appraisal procedures there is a risk that safeguarding arrangements may be compromised by the failure to identify potential safeguarding issues and staff training needs.

For those staff receiving supervision and appraisal, the tools used to identify training needs included personal development plans and the Knowledge and Skills Framework. While most staff members were satisfied that their training needs were being met, there were a couple of instances where staff indicated this was not the case, with a few staff stating they had found it difficult to access appropriate training or be released to attend training.

Safeguarding practices were assessed in several areas on the wards to determine what arrangements were in place and whether staff were adhering to best practice guidance, policies and procedures. The areas covered included aspects of care considered under the following headings:

- the practice of seclusion and restraint
- protecting patients' money and possessions
- visitation of children to the wards
- admission of young people under 18 years of age to adult wards
- management of records and record keeping

These areas must be properly managed and controlled to prevent potential abuse occurring.

The Practice of Seclusion and Restraint

Inspectors examined the circumstances in which patients may be subject of seclusion and/or restraint, and the practice of close observation of both adult and children on wards. All trusts had policies and procedures for the management of interventions. Nine wards received a recommendation in relation to updating their policy on restraint, while on one ward within the South Eastern Trust, no policy on restraint was available.

Staff demonstrated good awareness of the need for documentation associated with close observation and restraint. Staff on two wards seemed less aware of the need to monitor seclusion and a recommendation was stated. The Southern and Northern Trusts advised of using seclusion as an intervention on a limited number of wards. Of the staff who responded in the questionnaire, approximately 49% advised of being trained in seclusion; however, this may be a consequence of seclusion no longer being practiced within three of the five trusts.

The numbers of staff trained in close observation and restraint was high, but not all staff had completed this training. Of the staff who responded, approximately 67% advised of being trained in close observation and 85% advised of being trained in restraint. To prevent unintentional abuse to patients, and to ensure staff are protected from inadvertently causing harm to a patient, inspectors considered that further training in this area is required.

The appropriate management of challenging behaviour could reduce the need for further interventions and limit the number of potential safeguarding cases. In the Western Trust it was noted that the use of de-escalation techniques had resulted in a reduction in the number of incidents of physical aggression. From the information provided by the five trusts, not all staff were trained in this area. The majority of staff were trained in de-escalation techniques and the management of challenging behaviour, the exception being the South Eastern Trust which reported having less than 50% of staff trained.

Throughout the trusts, it was observed that the application of policies and procedures for seclusion, restraint and close observation varied between wards. It was noted that the use of such interventions was only employed after discussion and agreement during multidisciplinary team meetings or after a risk assessment had been completed. A review of a number of patient records confirmed this to be the case and inspectors noted that staff were following the recommendations contained within patients' care plans. While there were areas of good practice, there were cases where the interventions had not been recorded or updated in patients' notes in eight wards and recommendations was stated. A concern was raised on five wards in relation to a small number of staff who were not adequately trained in applying behaviour intervention techniques on patients and a recommendation was stated. Since not all staff were fully adhering to the procedures and others were not fully trained, inspectors considered the arrangements for managing interventions could not be deemed to be fully effective.

Protection of Patients' Money and Property

While children and vulnerable adults are in hospital, protection arrangements should be in place to safeguard their property and possessions. It was recognised that this was a difficult area to administer and manage, a view reiterated by staff across all trusts.

Where children and vulnerable adults are incapable of managing their affairs, suitable arrangements must be in place to protect them from financial abuse.

Each trust has arrangements in place which govern the management of patients' money, which include policies and procedures and mechanisms for receipt and storage of patients' property, including personal finance. The majority of staff in all trusts were familiar with the arrangements for handling patients' money. Staff expressed concern that the processes were applied on a trust wide basis and were not specific to MHLN wards, and suggested that further clarification was necessary.

Each trust had its own policy and procedure to govern patients' property. Patients were actively discouraged from bringing valuable items onto the wards. This was considered a sensible approach; safeguarding patients' property effectively requires trusts to redirect staff resources away from patient care.

When patients deposit money, it is recorded in an inventory book and deposited in the ward safe, a locked cabinet or lodged in the trust's cash office. Each ward had arrangements to allow patients access to their money. Even though patients and relatives did not raise concerns about the arrangements in relation to patients' money, inspectors identified issues in relation to how patients' money was managed. Records of expenditure were not always maintained. In particular, inspectors identified that on some wards, patient finances were used to purchase furnishings for the ward, such as curtains and bed linen. Trusts advised that such items could not be given to the patients upon discharge. This matter was raised with the trusts following the inspections.

In the management of patients' property, wards provided guidance and information to patients and relatives upon admission, used an inventory book to record patients' property brought onto the ward and provided patients with locked storage facilities. Relatives were also requested to label patient's property and clothing. Even with these arrangements in place, staff found this a difficult area to manage and patients regularly advised of items going missing. A contributing factor to this issue was that clothing and personal possessions were brought to and from the wards by relatives, which were not recorded in the inventory books. In these circumstances, staff had no way of maintaining an accurate inventory of patients' possessions. Inspectors considered that trusts had put basic arrangements in place to safeguard patients' property but considered that unless patients and relatives fully adhered to the arrangements, it was difficult to see how the wards could be expected to achieve effective oversight of this area.

Although there were policies and procedures in place, as well as mechanisms to record the receipt of patients' money, inspectors considered the current arrangements were not sufficiently robust to provide effective safeguarding of patients finances. This matter is being closely monitored by RQIA. Inspectors also considered that guidelines on the use of patients' money needs to be further developed and communicated to all relevant staff.

Visits of Children to the Wards

Children visiting parents and relatives is central to maintaining normal family relationships. However, the best interests of the child must be paramount and taken into account when considering a visit. All trusts have incorporated this into their safeguarding prevention arrangements and it has been outlined in policies and procedures for children visiting MHLD wards. This was not fully reflected in the practice observed on some wards.

While many staff on adult wards demonstrated awareness of the procedures associated with child protection, there were instances where the procedures were not available on the ward and staff did not know what the arrangements were. There was a perception from some staff that they did not require extensive knowledge of child protection, as they worked in predominantly adult services. Inspectors considered that these staff had failed to understand the importance of child protection issues of children visiting adult wards.

The number of staff on adult wards trained in child protection varied considerably across trusts, with an overall average of only 50% recorded as having received child protection training.

Information provided in relation to children visiting adult wards included posters, leaflets and a patient information booklet. This information was only observed on some wards throughout the trusts. In the Southern Trust it was observed that risk assessments were carried out prior to the child visiting, to allow for suitable monitoring arrangements to be put in place. In the Northern Trust, there was a protocol that stipulated that all child visits were to be pre-arranged with the ward manager. However, staff advised that this was difficult to manage as relatives did not adhere to this protocol and often arrived at the ward unannounced.

The physical arrangements in place on the wards to facilitate a child visiting varied considerably. While many wards had separate rooms to accommodate such a visit, many had no visiting area and some visits took place in the manager's office or the patient's bedroom.

Inspectors considered that the arrangements for children visiting adult wards are only partially effective, due to the lack child protection training, staff understanding of the procedures and the lack of suitable visiting arrangements on the wards.

Admission of Young People Under 18 to Adult Wards

In accordance with best practice, all children and adolescents should be accommodated within age appropriate services, rather than admitted onto adult wards. During the period from November 2010 to November 2011, a total of 71 admissions of young people under 18 to adult wards were reported by the five trusts.

All trusts had policies and procedures in place for the admission of young people under 18 to adult wards and staff demonstrated high levels of awareness in relation to this. Evidence was observed of wards adhering to the relevant guidance from DHSSPS and of the arrangements put in place by the trusts for such occurrences. These included: one-to-one nursing care; admission to single bedded rooms; and close observation. Admission of young people under 18 to adult wards is categorised as a serious adverse incident and requires notification to external organisations. Evidence of notification of these incidents to RQIA was presented to inspectors.

Inspectors were concerned about the level of adequate child protection training in respect of arrangements for the admission of young people under 18 to adult wards. Of the wards which admitted young people under 18, only one ward in the Western Trust was recorded as having all staff trained in child protection. The lack of staff with appropriate child protection training in the other wards was considered a potential risk to the safeguarding of children admitted to these wards. Inspectors recommended that immediate action is required in relation to child protection training.

Management of Records and Record Keeping

As well as a requirement to implement best practice, the mechanisms that support robust safeguarding prevention arrangements, such as good records management, contribute in their own right to better safeguarding arrangements. Accurate recording of clinical outcomes, interventions, training and supervision help to ensure appropriate information is available for the purposes of patient care and also assists managers to identify gaps in staff capability that might impact on patient care.

Records management policies and procedures have been established in all trusts and schedules for auditing of records were identified by each trust. Staff demonstrated a high awareness of the procedures. However, information provided by staff indicated that on average, only 41% of staff had received records management training. In the majority of patient records reviewed, the notes reflected good record keeping, but there were some instances where information had not been recorded in line with trust procedures or best practice. In particular, discrepancies included: notes that had not been signed; risk assessments not being updated or completed; and interventions not having been recorded.

Records management procedures were also applicable to recording information about training, supervision and appraisal. Recording in this area was generally acceptable, with up-to-date information being maintained about staff training and the dates for supervision and appraisal. However, the review of records highlighted some gaps in mandatory training, out-of-date training and also that supervision and appraisal were not taking place. With such information readily available, the inspectors raised concerns in respect of the lack of application of training, supervision and appraisal.

While inspectors determined there were effective arrangements in place to facilitate best practice in records management, this area was only considered to be partially effective as there were too many instances where the procedures were not being followed.

Recommendations

12. Trusts should ensure that appropriate safeguarding awareness should be included in staff induction training.
13. Trusts should ensure that all staff receive regular supervision and appraisal.
14. Trusts should ensure that all policies and procedures associated with safeguarding are kept up-to-date and made available to all staff on the wards.
15. Trusts should ensure that staff are appropriately trained in the area of management of challenging behaviour.
16. Trusts should ensure that staff are appropriately trained in the areas of seclusion, restraint and close observation.
17. Trusts should ensure that only staff who are appropriately trained should employ restrictive intervention techniques.
18. Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.
19. Trusts should ensure that all staff have received the appropriate level of training in child protection.
20. Trusts should ensure that all arrangements in place for children visiting or those admitted to adult wards should comply with child protection requirements.
21. Trusts should ensure that all staff receive training in records management.
22. Trusts should ensure that all staff adhere to the records management policy and procedures.

2.6 Response to Safeguarding Concerns

Even when organisations have arrangements in place to safeguard people from abuse, there can still be instances where abuse occurs. In such cases, it is the safeguarding response employed by the organisation that will determine whether appropriate action and support has been provided to individuals who may have been abused.

The response arrangements do not operate in isolation, or only when abuse occurs. These are intertwined throughout the policies, procedures and training, which are the mechanisms that enable staff to know how to respond following an incident of alleged abuse. The effectiveness of many aspects in these areas have been discussed throughout the report.

This section focuses on the arrangements for communication and the involvement of and support available for patients.

For people who experience abuse, the need to involve and work with other organisations is key in protecting them from further abuse. Promoting the welfare of patients is a joint responsibility that should be shared by a range of organisations. Engagement with other organisations was observed to be working well in all trusts. In particular, representatives from external organisations were represented on the RCPC, CPPs, NIASP and LASPs and were involved in serious case reviews. This was similar to the findings obtained during RQIA's Review of the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (February 2012). Inspectors considered that the arrangements in place for liaison with other organisations were effective due to the multiagency approach, established lines of communication and regular meetings.

Each ward advised of promoting and communicating an ethos of inclusion and transparency to patients and relatives. While the majority of wards displayed a philosophy or mission statement either on the ward or in their information booklets, there were still a small number of wards where such information was not evident. It is therefore important to communicate a commitment to the principles of openness and transparency to patients, relatives, advocates and staff. Of the 33 wards inspected, 26 received a recommendation in relation to information provided to patients and relatives.

Although there was good communication throughout each trust, and externally to other organisations, inspectors identified that communication with patients and relatives was not always of an appropriate standard. Communication and involvement were also areas highlighted by both patients and relatives. While many felt they had received adequate communication, others were concerned about the lack of information regarding their relative's care and about incidents that happened on the ward. Across all trusts, patients' notes identified that many relatives were being informed about incidents, but other patients' notes and reports from relatives identified this practice was not happening routinely on all wards.

The inclusion of patients and relatives was often referenced in patients' notes; however, there were cases in each trust where they were not represented during discussions about care practices. Recommendations for involving patients and relatives were applied to 15 wards. The instances of weekly meetings with patients and relatives were limited to a few wards in each trust.

In terms of openness and transparency, a concern raised by many relatives was their access to the wards to see where their relatives were staying. All visits were facilitated in side rooms or outside the ward, with the exception of only a limited number of wards, where relatives were permitted access to the ward. While this practice was to facilitate ward routine and reduce disruption, relatives viewed it as a lack of transparency. In some cases the ward manager facilitated relatives access to the ward, but this was limited. RQIA believes that an appropriate balance needs to be struck between assuring relatives of the comfort of the ward, including sleeping arrangements, without comprising the privacy and dignity of the patients.

Patients' access to information held about them was considered an area that was not well promoted in most trusts and was further reflected in the comments from patients and relatives. While the trusts advised of having policies and procedures in place, it was determined these were simply freedom of information procedures. The South Eastern Trust had additional information about accessing personal information made available to patients on the wards. Inspectors considered the current arrangements were only fulfilling the minimum requirements in respect of access to information and considered that trusts should be more proactive in informing patients of their rights.

Where patients, relatives or their advocates have concerns or complaints about any aspect of treatment or care, they should have access to the trust's complaints procedure. Although there was evidence of relatives being encouraged to make a complaint in some patients' records, patients and relatives claimed not to be aware of the complaints procedures. From the patients and relatives who replied during the review, approximately 53% advised of being aware of their respective trusts' complaints policy. In 15 wards throughout the trusts, there was no evidence of informing or promoting the procedures to patients or relatives.

While the trusts strived to have a culture of openness and transparency in safeguarding practice, this was not evident on all wards. Inspectors considered the arrangements to promote inclusion were not sufficiently effective, as 15 wards received a recommendation in relation to involving patients and relatives. Although many mechanisms were in place to facilitate best practice, they were not being fully applied.

Advocacy services can make a significant contribution to the prevention of abuse, by enabling patients to become more aware of their rights and facilitating them to express their concerns. The availability of advocacy services varied considerably across trusts and between wards. Most wards

were promoting advocacy services to patients and relatives, through leaflets and posters. In a few wards, where advocacy services were available, the ward was not seen to be promoting this service to patients or relatives. To improve the advocacy arrangements for patients, 16 wards received a recommendation in this area.

Advocates spoken to during the review confirmed the benefits of promoting the services and reported an increase in the number of consultations. While many patients had access to advocacy services there were still a number of patients who were unable to avail of this service. The most proactive wards had patient advocates attending on a regular basis.

Inspectors considered the trusts were making good progress in providing advocacy services, but this should be available to patients in all wards.

Recommendations

23. Trusts should ensure that a culture of inclusion of patients and relatives and transparency in communication across all wards.
24. Trusts should ensure that patients and relatives are, where possible, fully included in discussions about their care.
25. Trusts should ensure that patients and relatives are fully communicated with in relation to their care, and about incidents and accidents on the wards.
26. Trusts should ensure that patients and relatives on all wards have access to advocacy services.

Section 3 - Conclusion and Recommendations

3.1 Conclusion

This report presents an overview of the safeguarding arrangements in place to protect children and vulnerable adults in mental health and learning disability hospitals across Northern Ireland. The recommendations apply to all trusts even though some may already be compliant. All five trusts have made good progress in establishing effective safeguarding arrangements for both children and vulnerable adults, although inspectors found that the levels of progress varied both across trusts and between wards.

Wards, where a designated officer or safeguarding lead was based or spent a considerable amount of time, demonstrated higher levels of safeguarding awareness, more up-to-date training, and the application of policies and procedures was more evident. The role of the designated officer is invaluable in establishing and delivering more effective safeguarding arrangements. Local and regional groups were established to facilitate multiagency working and clear communication protocols were in place for staff to report any concerns about the safeguarding of vulnerable people. Through these groups, trusts are able to share information, and to work on regional initiatives to drive further improvements in safeguarding practice.

The overall governance arrangements in place to support effective safeguarding were considered to be robust, with clear management and accountability structures evident in both children and adult wards.

Generally, the trusts have successfully determined the main priorities for safeguarding and maintained a focus on meeting these. However, the areas requiring progression were the development of the new adult safeguarding policy framework and the transfer of responsibilities for children to the new SBNI. Once in place a clearer focus can be brought to further improvements in safeguarding practices.

Most staff were able to demonstrate a basic awareness of safeguarding issues, of policies and procedures and of the required reporting arrangements. Improvement is required to ensure that all staff are trained appropriately in vulnerable adults and child protection procedures; that all relevant policies and procedures are updated and implemented; and that staff are proactive in the promotion of safeguarding processes to patients and relatives.

Inspectors found that different thresholds and mechanisms are being employed by trusts to identify potential safeguarding issues, such as patient risk assessments, reporting accidents and incidents and in the promotion of training in the complaints procedures. Although procedures are in place to support best practice, their effectiveness is being hindered by the lack of implementation by some staff. Although complaints policies and procedures are in place, 53% patients and relatives indicated through the questionnaires

that they were not familiar with or aware of them. The complaints process needs to be promoted further with patients and relatives.

The reporting and analysis of accidents and incidents is being carried out, but inspectors noted that many incidents had not been considered as a safeguarding concern and subsequently were not appropriately reported. There was evidence of risk management of patients and of risks being discussed at multidisciplinary meetings; however, there were instances where further follow-up was required. Further training is required to drive improvement in this area.

All trusts had effective arrangements in place to prevent unsuitable people working with children or vulnerable adults. Policies and procedures for supervision and appraisal were noted to be in place in all trusts. Many staff reported they were supported by management, but there were still cases where both regular supervision and appraisal were only being carried out in half of the wards visited.

All trusts had policies and procedures in place to prevent abuse. In some instances trusts' arrangements for managing patients' money and property were not wholly effective in providing adequate protection of patient money and belongings.

Although there was evidence of policy and procedures in relation to deprivation of liberty, a number of concerns were evident. Inspectors found that physical restraint was being applied by a small number of staff who were not appropriately trained. Nine wards received recommendations on updating their policy on the use of restraint.

Procedures were in place for children to visit adult wards. However, inspectors considered that the current arrangements on each ward should be reviewed to ensure that child protection procedures are being consistently followed. Further staff training in child protection in both staff in adult and children's wards is required, and this was recognised by the trusts.

The arrangements for responding to safeguarding issues varied across trusts. While arrangements for working with other organisations were in place, the internal arrangements and communication with relatives requires improvement in relation to the types and levels of information provided to them. Both patients and relatives should be consulted and involved more in decisions about safeguarding and patient care.

Advocacy services were available to most patients and relatives; however, inspectors noted many wards did not actively promote the services to patients or relatives. 16 wards required recommendations in this regard.

RQIA wishes to thank the management and staff from the Health and Social Care Board, the health and social care trusts, and all the patients and relatives who agreed to be interviewed for their cooperation and contribution to this review.

3.2 Summary of Recommendations

1. The DHSSPS should prioritise the publication of the Adult Safeguarding Policy Framework to facilitate the release of the new Adult Safeguarding Policy and Procedures.
2. Trusts should ensure that work capturing patient experience is included in their quarterly and annual reports.
3. Trusts should ensure that all staff working within mental health and learning disability wards are appropriately trained in safeguarding vulnerable adults.
4. Trusts should ensure that all staff working on children's wards within mental health and learning disability services are appropriately trained in child protection and Understanding the Needs of Children in Northern Ireland (UNOCINI).
5. Trusts should ensure that the awareness of their safeguarding structures and roles is fully promoted in all wards and ensure that this information is readily accessible to staff, patients, relatives and visitors.
6. Trusts should develop in consultation with ward managers a mechanism to review the effectiveness of safeguarding vulnerable adults training.
7. Trusts should undertake a review to determine if all staff robustly adhere to safeguarding policies and procedures.
8. Trusts should ensure that comprehensive investigations and risk assessments are carried out when required by relevant staff.
9. Trusts should ensure that risk assessment training is provided for all staff.
10. Trusts should ensure that all staff receive training in relation to the complaints policy and procedure.
11. Trusts should ensure that the complaints policy and procedures are clearly communicated and promoted to patients and relatives in a user-friendly format.
12. Trusts should ensure that appropriate safeguarding awareness should be included in staff induction training.
13. Trusts should ensure that all staff receive regular supervision and appraisal.
14. Trusts should ensure that all policies and procedures associated with safeguarding are kept up-to-date and made available to all staff on the wards.

15. Trusts should ensure that staff are appropriately trained in the area of management of challenging behaviour.
16. Trusts should ensure that staff are appropriately trained in the areas of seclusion, restraint and close observation.
17. Trusts should ensure that only staff who are appropriately trained should employ intervention techniques.
18. Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.
19. Trusts should ensure that all staff have received the appropriate level of training in child protection.
20. Trusts should ensure that all arrangements in place for children visiting or those admitted to adult wards should comply with child protection requirements.
21. Trusts should ensure that all staff receive training in records management.
22. Trusts should ensure that all staff adhere to the records management policy and procedures.
23. Trusts should ensure that a culture of inclusion of patients and relatives and transparency in communication across all wards.
24. Trusts should ensure that patients and relatives are, where possible, fully included in discussions about their care.
25. Trusts should ensure that patients and relatives are fully communicated with, in relation to their care and incidents and accidents on the wards.
26. Trusts should ensure that patients and relatives on all wards have access to advocacy services.

Glossary of Terms

Belfast Health and Social Care Trust (Belfast Trust)

Child Protection Panel (CPP)

Department of Health, Social Services and Public Safety (DHSSPS)

Department of Justice (DoJ),

Health and Social Care (HSC)

Local Adult Safeguarding Partnership (LASP)

Mental Health and Learning Disability (MHLD)

Northern Ireland Adult Safeguarding Partnership (NIASP)

Northern Health and Social Care Trust's (Northern Trust)

Promoting Quality Care (PQC)

Regional Child Protection Committee (RCPC)

Regulation and Quality Improvement Authority (RQIA)

Safeguarding Board for Northern Ireland (SBNI)

South Eastern Health and Social Care Trust (South Eastern Trust)

Southern Health and Social Care Trust (Southern Trust)

Understanding the Needs of Children in Northern Ireland (UNOCINI)

Western Health and Social Care Trust (Western Trust)

APPENDIX 1 - Types of Agencies and Establishments Regulated by RQIA

- Adult Placement Agencies
- Children's Homes
- Day Care Settings
- Domiciliary Care Agencies
- Nursing Homes
- Residential Care Homes
- Residential Family Centres

APPENDIX 2 - List of Wards Inspected

Trust	Hospital	Ward
Belfast Trust	Mater Hospital	Ward L
	Foster Green Hospital	Beechcroft Adolescent Unit
	Foster Green Hospital	Beechcroft Children's Unit
	Muckamore Abbey Hospital	Iveagh Centre
	Muckamore Abbey Hospital	Greenan
	Muckamore Abbey Hospital	Cranfield ICU
	Muckamore Abbey Hospital	Moyleena
	Muckamore Abbey Hospital	Finglass
	Knockbracken Healthcare Park	Avoca
	Knockbracken Healthcare Park	Valencia
Northern Trust	Causeway Hospital	Ross Thompson Unit
	Holywell Hospital	Inver 3
	Holywell Hospital	Carrick 4
	Holywell Hospital	Tardree 1
	Holywell Hospital	Inver 4
	Holywell Hospital	Lissan 1
South Eastern Trust	Lagan Valley Hospital	Ward 12
	Downe Hospital	Downe Acute
	Downshire Hospital	Ward 28
	Downshire Hospital	Ward 29
	Downe Hospital	Downe Dementia Ward
	Lagan Valley Hospital	Ward 11
Southern Trust	Longstone Hospital	Sperrin
	Longstone Hospital	Donard
	Longstone Hospital	Cherry Villa
	Longstone Hospital	Mourne
	St. Lukes Hospital	Gillis Memory Centre
Western Trust	Lakeview Hospital	Brooke Lodge
	Lakeview Hospital	Crannog
	Tyrone and Fermanagh Hospital	Ash
	Lakeview Hospital	Strule
	Waterside Hospital	Wards 1 and 3



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