The Trust is committed to promoting an environment that values diversity. All staff are responsible for ensuring that all patients and their carers are treated equally and fairly and not discriminated against on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason in the application of this Policy, and recognising the need to work in partnership with and seek guidance from other agencies and services to ensure that special needs are met.
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   Key Tasks Flow Chart: Vulnerable Adults Referral

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<td>Brenda Rance</td>
<td>Minor amendment to Monitoring</td>
<td>No</td>
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1. **Introduction**

1.1 This Policy has been developed in partnership with the Hertfordshire Adult Care and Hertfordshire Adult Protection Teams within the frameworks described in the Hertfordshire Adult Protection Procedure and the West Hertfordshire Hospitals NHS Trust Incident Reporting Policy (2005) to provide appropriate local processes for the:

- Identification of vulnerable adults that access services or receive care provided by West Hertfordshire Hospitals NHS Trust
- Appropriate response to concerns or complaints in relation to vulnerable adults that access services or receive care provided by West Hertfordshire Hospitals NHS Trust

1.2 This Policy sets out clear Terms of Reference to ensure that a multi-disciplinary and multi-agency approach is adopted to ensure staff respond effectively and consistently, and allows for the quality of responses to be monitored.

2. **Principles**

2.1 This Policy is underpinned by the principles of “No Secrets” Framework (DH 2000) and provides a coherent framework to ensure that regardless of possible causes, abuse of vulnerable adults will be recognised and managed within the framework provided by this Policy.

2.2 Staff at West Hertfordshire Hospitals NHS Trust will work in partnership with members of all agencies to provide protection and care to vulnerable adults that access services or receive care provided by the Trust.

2.5 Staff will respect the wishes of those individuals who choose to accept a degree of risk in their living arrangements taking into account his or her capacity to take this decision. The decisions as to whether a person has capacity will only be made following a thorough multi-disciplinary assessment in accordance with the Mental Capacity Act 2005.

2.6 Staff at West Hertfordshire Hospitals NHS Trust will work with all agencies to ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults are able to receive the protection of the law and have access to the judicial process and advocacy.

2.7 An expression of concern, complaint, anxiety or unexplained injury or harm to a vulnerable adult will be defined as a “cause for concern”.

2.8 The escalation of a cause for concern to Hertfordshire Adult Care services by West Hertfordshire Hospitals NHS Trust staff will be defined as a Vulnerable Adult Referral. The procedure for raising a concern is set out in the flow chart on page 4.
3. Definitions

3.1 Vulnerable Adult:

A person who is or may be in need of community care (Hospital) services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself against significant harm or exploitation (1997 Consultation Paper “Who Decides?” issued by the Lord Chancellor’s Department).

Abuse:

Is a violation of an individual’s human and civil rights by any other person or persons. (See also Article 3 of the European Convention of Human Rights). Abuse may consist of a single act or repeated acts. It may be physical, sexual, verbal or psychological; it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent (DH 2000).

3.2 Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it. As a result of abuse harm is done which results in psychological, physical or emotional damage to a person from whom they will need care and support to recover.

Adult: is defined by law as a person who is aged 18 years or over

3.3 Those particularly vulnerable to abuse will include adults who:

- Are elderly and frail
- Suffer from mental illness including dementia
- Have a learning disability
- Have a physical or sensory disability
- Suffer from severe physical illness
- Suffer with substance misuse
- Those who are dependent due to chronic or acute illness.
4. **Roles and Responsibilities**

4.1 **Individual staff**

The responsibility to report an incident or cause for concern rests with the individual who identifies the incident or concern regardless of their place in the organisation.

Safeguarding Adults from abuse is the responsibility of all staff. All staff are expected to adhere to the guidance set out in this Policy.

Whenever it is known, or suspected, that an adult has been abused, it is the responsibility of all individuals to report this concern directly to the Senior Sister/Shift Leader, inform the Senior Manager/Matron and complete a Vulnerable Adults Referral Form and fax it to ACS Watford 01923 217228, Fax 01923 800224 or Hemel Hempstead 01442 287170, Fax 01442 216704. **Out of Hours 01438 737400 Fax 01438 737400.**

4.2 **Named Nurse**

The role of the Named Nurse will be to:

Ensure appropriate patient care pathways are developed and followed and monitor the quality of care delivery

Co-ordinate and deliver mandatory training on the needs of vulnerable adults for all relevant staff

Provide clear routes for disseminating information to the Executive Lead through regular progress reports and for cascading information to clinical staff

4.3 **Senior Manager/ Matron**

For the purposes of this Policy a Senior Manager is defined as a Matron/Senior Nurse or on call Senior Manager and will have the responsibility to evaluate reported cause for concerns and seek advice from Hertfordshire Adult Care Services and Hertfordshire Adult Protection Teams if necessary.

The Senior Manager will act as the communication link between relevant agencies and the multidisciplinary team and provide support to the teams responsible for the patient’s care.

The Modern Matron is responsible for ensuring the ongoing monitoring of the process where concern has been raised. It is the responsibility of the Modern Matron/Senior Manager to engage the Consultant in charge of the patient care in this process.

In instances where the Hertfordshire Adult Protection Procedure is instigated, it will be the responsibility of the Named Nurse to work collaboratively with Hertfordshire Adult Care Services and Hertfordshire Adult Protection Teams to ensure relevant information is made available and appropriate staff members are invited and attend strategy meetings.
4.4 **Lead Clinicians**

The role of the Lead Clinician is to:

Ensure that the medical management of the vulnerable adult is maintained, to provide expert guidance on discharge arrangements and to oversee the care of the individual

Represent the Trust when strategy meetings are called engaging with Multi Disciplinary Teams and other agencies

Ensure that the discharge is safe and to the appropriate setting. Where it is considered that the discharge setting is not a place of safety, to maintain continued engagement with the Multi Disciplinary Team and other agencies until an agreement is reached on the place of safety.

4.5 **Executive Lead**

To ensure consistent adult protection processes within the organisation and to oversee the governance arrangements for vulnerable adults within the Trust.

4.6 **Hertfordshire Adult Care Services**

Hertfordshire Adult Care Services will liaise with learning disability and mental health professionals, and where necessary other authorities, and will decide upon the involvement of social services in any investigation.

Where an adult protection strategy meeting is deemed necessary, Hertfordshire Adult Care Services have responsibility for coordinating this meeting in accordance with the Hertfordshire Adult Protection Procedure; liaise with the named nurse and appropriate modern matron to ensure the following actions:

- Suitable West Hertfordshire Hospitals NHS Trust representatives (medical and nursing) are invited to attend the adult protection strategy meeting
- Adequate time is provided to West Hertfordshire Hospitals NHS Trust staff to allow the gathering of relevant information
- Ensure that information and outcomes from all Strategy meetings where the adult has been a patient of West Hertfordshire Hospitals NHS Trust is fed back.

4.7 **The Police**

The role of the police is to investigate any criminal (or potentially criminal) act and to apply the rule of law to support vulnerable adults.

When a police investigation is required it shall take precedence over any other aspect of the adult protection process and particular care must be taken to liaise closely with the police to ensure (where appropriate) vital forensic evidence is preserved.

4.8 **Internal Investigating Officer**

Where there has been a cause for concern or allegation of abuse made against West Hertfordshire Hospitals NHS Trust an Investigating Officer will be appointed by the Executive Lead, to conduct a thorough investigation ensuring that relevant policies and procedures are adhered to and that adequate records are kept. The internal investigating officer will engage the Consultant in charge of the patient in this process.
5. **Adult Referral Process**

5.1 Acute hospital staff have an important role to play in the cases of adult abuse, principally in the initial recognition, assessment and on-going monitoring.

5.2 Hospital Departments and staff, particularly Accident & Emergency Departments, are in the best position to identify how frequently adults attend hospital with injuries or other conditions.

5.3 Staff members who identify an initial cause for concern should consult with the Senior Sister/Shift Leader and together complete a Clinical incident form and pages 1 & 2 of the Vulnerable Adult Referral Form, clearly indicating the concerns, using the body map where necessary, and escalate the concern to the Senior Manager within the timescales defined within this Policy.

5.4 For the purposes of this Policy a cause for concern will be categorised by levels of risk ranging from significant to low risk.

In determining the level of risk associated to the cause for concern it is important to consider the following factors: -

- The vulnerability of the individual
- The nature and extent of the cause for concern
- The impact on the individual and/or others

**Significant to High Risk: Immediate Action**

- The risk of repeated or increasingly serious acts involving this or other vulnerable adults
- The individual is at risk and/or a serious crime may have been committed to the extent they are injured or in immediate physical danger
- The risk of potential or imminent death that may be attributable to actual or suspected abuse

**Moderate to Low to Risk: Action within 48 hours**

- There is no detectable serious crime or immediate danger
KEY TASKS FLOW CHART : VULNERABLE ADULT REFERRAL

Initial cause for concern – complete incident form

Report to Senior Sister/Shift Leader

Discuss with Matron/Senior Nurse on call, what action to undertake - Inform Consultant

If unsure, discuss with Named Nurse for Safeguarding Adults on 07979 454891

Significant to high risk
Action: Immediate

Moderate to low risk
Action: Within 48-hours

Decision not to refer

Implement the Hertfordshire Safeguarding Adults Policy

Serious crime or injury - dial 999

Inform Hertfordshire Adult Care Services (ACS), Matron and Named Nurse Safeguarding Adults

Fax VA Referral Form to ACS
Out-of-hours fax: 01438 737400 and Named Nurse on 01923 217718

Complete Vulnerable Adult Referral Form and Contact Assessment

Fax VA Referral Form and Contact Assessment to ACS:
*Watford : 01923 800224 or
*Hemel Hempstead : 01442 216704 and Named Nurse Safeguarding Adults on 01923 217718

Matron/Senior Manager:
To maintain communication between internal areas and external agencies until handover to the next on-call Senior Manager or the Named Nurse for Vulnerable Adults

Clearly record the rationale for not making the VA Referral in the patient’s health care records
6. **Record Keeping**

6.1 Timely and accurate records are essential to good practice. Records are an essential source of evidence for investigations and may also be required to be disclosed in court proceedings. Therefore, records should use straightforward language, be concise and differentiate between facts, opinion, judgement and assumption.

6.2 Records should clearly document an account of a professional’s involvement with a person and the subsequent management decisions and actions. All entries in the record should be contemporaneous, dated, timed and signed.

6.3 A vulnerable adult should be listened to and comments recorded *using the person’s own words*, however staff should *not* question a vulnerable adult concerning allegations or cause for concern.

7. **Instigating the Policy**

7.1 Once a cause for concern has been recognised this must be responded to as a priority.

7.2 It is the responsibility of *all* staff to Safeguard Adults, regardless of discipline and seniority. The Matron/Senior Manager will support the decision to instigate this Policy in relation to the cause for concern. For the avoidance of doubt, the Matron/Senior Manager will seek advice from Hertfordshire Adult Care Services and Hertfordshire Adult Protection Teams.

   Whilst in most cases the Matron will instigate the Policy, any staff member that has a concern may contact Adult Care Services directly. However, this decision and the reasons why must be documented in the patient's records.

7.3 When making the decision whether to instigate the Policy, prime consideration must be given to the capacity and vulnerability of the adult. If it is thought the patient may lack capacity, a Mental Capacity Assessment should be undertaken and if the patient is found to lack capacity in relation to the alleged concern, the decision maker must act in the patient’s best interests. It also may be necessary to involve an Independent Mental Capacity Advisor (IMCA). Please see Trust policy on Mental Capacity available through the internet. The practitioner must use their judgment with regard to the benefits of instigating the Policy and the negative consequences of not doing so and ensure that they engage with the Consultant responsible for the care of the patient.

7.4 If a decision is made *not* to instigate this Policy in relation to the cause for concern, the rationale for not doing so must be clearly recorded in the patient’s records.

7.5 The Senior Manager must instigate this Policy in conjunction with the Hertfordshire Adult Protection Procedure and seek immediate advice from Hertfordshire Adult Care Services and Hertfordshire Adult Protection Teams where a criminal offence (e.g. sexual assault, financial crime, physical assault) is believed to have been or is being committed against a vulnerable adult.

   The Police *must* be contacted (dial 999) by the Senior Manager prior to contacting Hertfordshire Adult Care Services and Hertfordshire Adult Protection Teams where a serious crime involving this person or other vulnerable adults.

7.6 This Policy must be instigated in instances where there is a cause for concern that a relative, community care service or carer in a position of responsibility has abused or is abusing a vulnerable adult.

7.7 This Policy must be instigated in instances where there is a cause for concern that a patient has committed a serious act of abuse on another patient.

7.8 In instances where there is a cause for concern or allegation (or evidence) that a member
of West Hertfordshire Hospitals NHS Trust staff is abusing or has abused a patient, this Policy must be instigated in conjunction with the Hertfordshire Adult Protection Procedure, the West Hertfordshire Hospitals NHS Trust Incident Reporting Policy and the West Hertfordshire Hospitals NHS Trust Disciplinary Policy and Procedures.

7.9 In instances when it is imminent that the patient may die, immediate action is required. This is in order to trigger an investigation that may safeguard others and retain valuable evidence.

8. Training

The training needs of the organisation are identified within the Trusts training needs analysis. Staff will be able to find the training needs analysis on the Trust Intranet.

An e-learning training programme has been developed and can be accessed at http://www.kwango.com/hccsalogin Username ACUWHAC, Password SGAWHA. The Hertfordshire Training and Development sub group has developed a Multi-agency development Strategy 2008 –2011, which outlines a modular approach to ensure consistency in the content of each module. Please see Appendix 3.

9. Staff Support

Staff at all levels will require support and guidance to provide high quality care that reflects legislation, government guidance and accepted best practice. The Named Nurse for Vulnerable Adults will receive peer support from Adult Care Services Vulnerable Adults Team, in addition to professional support from the line manager. In turn, the Named Nurse will provide professional support and guidance to staff involved in safeguarding vulnerable adults. Staff can obtain additional support through existing mechanisms such as clinical supervision, and through the Staff Support team.

Please see http://wghintra01/nursingandmidwifery/site/html/professionalDevelopment.htm and http://wghintra01/human_resources/staff_support.htm

10. Monitoring, Compliance and Effectiveness

This Policy will be reviewed annually or earlier in light of new national guidance or other significant change in circumstances.

The Policy will be monitored for compliance by the following processes:

- Quarterly evaluative reviews of all referrals reported each quarter. This will be reported to the Safeguarding Adults Committee
- Quarterly audit of the numbers and types of Safeguarding Vulnerable Adults referrals, the care and management of such individuals and patient outcomes, which will be reported to the Trust Board via the Safeguarding Adults Committee Chair and Executive Lead
- Audit of incident reporting forms
- Lessons learned to be shared within Divisional Clinical Governance meetings

11. References

Adult Care Services (2004-2008) ACS 666 Issue 3: Safeguarding Adults from Abuse Policy


West Hertfordshire Hospitals NHS Trust (2005) Incident Reporting Policy
Appendix 1 Glossary of Terms

(Taken from No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults. Department of Health 2000).
Physical abuse: any deliberate act to cause physical harm including hitting, slapping, pushing, kicking, misuse of medication or restraint or the use of inappropriate sanctions.

Sexual abuse: includes rape and sexual assault, or sexual acts to which the vulnerable adult has not consented, or to which he or she could not consent or was pressured into consenting. This also includes exposure to and observation of sexual acts without informed consent.

Psychological abuse: includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse: includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission: includes ignoring medical or physical care needs, failure to provide access to appropriate health or social care or educational services, the withholding of the necessities of life such as medication, nutrition and heating.

Discriminatory abuse: includes racist, religious and sexist abuse; abuse based on a person's disability and other forms of harassment, slurs or similar treatment.

Institutional abuse: neglect and poor professional practice, which could take the form of isolated incidents of poor or unsatisfactory professional practice through to pervasive ill treatment or gross misconduct.

Carers: For the purpose of this Policy a carer may be defined as a person who provides emotional or practical support to a family member including a friend or partner who is ill, has a disability, is experiencing mental distress or is affected by substance abuse. A carer can be anyone aged 18 or over (adult carer) or anyone under 18 (young carer who provides this kind of support. A carer is not a paid worker or volunteers for a voluntary agency.

Mental Capacity: A presumption of capacity: every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless proved otherwise.

Supporting individuals: to make their own decisions: a person must be given all practicable help before anyone treats them as not being able to make their own decisions.

Unwise decisions: just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking in capacity to make that decision.

Best interest: an act or decision made under the act or on behalf of the person who lacks capacity must be done in their best interest.

Least restrictive option: anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Confidentiality: The duty of confidentially at common law has to be balanced against what is in the best interests of a vulnerable person, as well as the public interest. It is inappropriate for the Trust to give assurances of absolute confidentiality in cases where there is a concern about abuse and where other vulnerable people may have been abused. Advice should be sought from adult care services and the police liaison team in the event of any doubt.
SAFEGUARDING VULNERABLE ADULT REFERRAL FORM

[ ] SIGNIFICANT TO HIGH RISK  [ ] MODERATE TO LOW RISK

<table>
<thead>
<tr>
<th>Patient name:</th>
<th></th>
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<tbody>
<tr>
<td>Hospital Number:</td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
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[ ] Male  [ ] Female

Ethnicity

First language

1. Information relating to the patient

Patient previously known  [ ] Yes  [ ] No  (if yes, please indicate care group)

Care Group:
[ ] Elderly  [ ] Mental Health  [ ] Learning Disabilities
[ ] Substance Misuse  [ ] Physically disabled  [ ] Other

2. Admitted from

[ ] Own Home  [ ] Care Home  [ ] Relatives Home

[ ] Hospital  [ ] Other (please specify)...

3. Nature of concern (please tick relevant categories)

[ ] Suspicion of Physical Abuse  [ ] Suspicion of Sexual Abuse
[ ] Suspicion of Financial Abuse  [ ] Suspicion of Institutional Abuse
[ ] Suspicion of Discriminatory Abuse  [ ] Suspicion of Psychological Abuse
[ ] Suspicion of Neglect

4. Where did suspected abuse take place (please tick relevant categories)

[ ] Own Home  [ ] Care Home  [ ] Relatives Home  [ ] Day Service

[ ] Hospital  [ ] Not known  [ ] Other (please specify)...

5. Provide a brief summary (detail allegations/concerns, who was involved, times, dates, etc)

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

6. Injuries sustained (please provide details - if no injuries noted, please state ‘no injuries observed’)

........................................................................................................................................................................
7. **Body mapping** (where injuries have been observed, indicate the location on the body map provided and describe injuries in terms of size (in cms) and colour)

8. Provide summary of immediate actions

9. **Staff details**

   Signed: ...............................................  Print name: ..............................................

   Ward/Dept: ..........................................  Extn/Bleep: ...........................................

   Date: ..................................................
10. SENIOR MANAGER ACTION

Name of Senior Manager

Date VA referral received

What is the required Action?

☐ Immediate  ☐ Within 48 hours  ☐ Decision not to refer

If the decision is not to refer, please clearly document the reasons why in the space provided:

Police referral made:  Date contacted  Time contacted (24 hour)

☐ No  ☐ Yes

Name of Police contact

Crime number

ACS Contact Numbers

Watford General  Tel: 01923 217228  Fax: 10923 800224

Hemel Hempstead  Tel: 01442 287170  Fax: 01442 216704

Out-of-hours  Tel: 01438 737400  Fax: 01438 737400

ACS advised by telephone?  Name of ACS contact

☐ No  ☐ Yes

Time contacted (24 hr)  Date VA referral faxed  Time VA referral faxed (24 hr)

Matron informed?  ☐ No  ☐ Yes  Name of Matron

Incident Report Form Number

Signed (Senior Manager)  Date & time

Following a referral, Adult Care Services (ACS) should respond within 48 hours.

The original copy of this form should be retained in the patient’s healthcare record and a copy sent to the named Nurse for Vulnerable Adults, fax No: 01923 217718

G:\Corporate Nursing\General\Vulnerable Adults\Form - VULNERABLE ADULT REFERRAL.doc