

Regional Adult Safeguarding Nurse Network feedback in relation to the Northern
Ireland

Adult Safeguarding Bill

Background to the persons providing evidence

1. In 2015, NIASP identified that each of the HSC trusts would benefit from nursing expertise within their adult safeguarding services. As such, “Adult safeguarding specialist nurses” were recruited within each of the HSC Trusts. Whilst there was variation in terms of additional roles and service area into which they were recruited across the various Trusts, primarily these staff acted as investigating officers who were nurse trained. Over the following years, the roles have evolved in response to service need within each of the HSC Trusts; with a core role continuing to be the provision of expert nursing input into Adult Safeguarding practice. For example, BHSCT now have three Adult Safeguarding Nurse posts; two nurse specialists within the Adult Protection Gateway Team, and a Lead for Adult Safeguarding in the Hospital Sites.
2. A regional support network exists for nurses working within Adult Safeguarding, with membership also including representation from Northern Ireland Practice and Education Council (NIPEC) and the Public Health Agency (PHA). This submission is on behalf of this Regional Adult Safeguarding Nurse Network; spanning Adult Safeguarding specialist nursing staff in four HSC Trusts; the South Eastern Trust specialist nurse role currently being vacant. The group currently comprises of eight nurses and one representative each from NIPEC and PHA.

Feedback context

3. The Regional Adult Safeguarding Nurse Network wish to raise, and protect, the role of the nurse specialism within Adult Safeguarding. The involvement of nurse specialists arose from identified need, and has been on an on-going basis acknowledged as essential to adult safeguarding practice within the HSC trusts. Whilst there is specific emphasis on the adult safeguarding specialists, the group also wish to raise that all nurses have a part to play in relation to adult safeguarding. With that in mind, the Adult Safeguarding Nurses, in collaboration with NIPEC and relevant others produced the “Safeguarding Adults Core Competency Framework for Nurses and Midwives” in 2018. This document outlined the core knowledge, skills and competencies required for nursing at each level of adult safeguarding involvement; from all

nurses, to those working in dedicated specialist posts .This was signed off by the Chief Nursing Officer CNO and launched regionally. Further details may be found at [Letter from CNO - Safeguarding Adults: A Core Competency Framework for Nurses and Midwives | Department of Health](#)

4. There is a risk, in focussing on the enhanced powers of Social Work staff within the Adult Safeguarding Bill that the role of specialist nurses is diminished, or lost in its entirety due to possible interpretation that Adult Safeguarding Practice falls solely to Social Work staff.

Specific feedback

5. The group request that Part One of the Bill be amended to reflect the input of Nursing, and indeed possibly other suitably trained Healthcare Professions as there is no requirement for Investigating Officers to be Social Work Trained. Suggested amendments and alterations are included below:

- a. Concerning paragraph 1:

Principles for performing functions under this Part

- 5 **1.** An HSC trust or social worker performing functions under this Part in relation to an adult must, if relevant, have regard to—
 - (a) the principle that the trust or social worker should intervene, or authorise an intervention, only if satisfied that the intervention—

Suggested alteration:

1. An HSC trust, social worker, or suitably trained Healthcare professional performing functions under this Part in relation to an adult must, if relevant, have regard to—
 - (a) the principle that the trust, social worker, or suitably trained Healthcare professional should intervene, or authorise an intervention, only if satisfied that the intervention—

- b. Concerning paragraph 4

The duty to report and co-operate in inquiries

- 4.—(1) This section applies to—

(a) HSC trusts,

(b) members of the police force and of any Harbour or Airport Police,

Is this a definitive list? If so are military police included? For example, if there was a safeguarding concern in relation to someone living in military barracks area such as domestic abuse.

c. Concerning paragraph 5:

Visits by social worker

5.—(1) A social worker may enter any premises for the purpose of enabling or assisting an HSC trust conducting inquiries under section 3 to decide—

(a) whether the person is an adult at risk, and

(b) if it decides that the person is an adult at risk, whether it needs to intervene (by performing functions under this Part or otherwise) in order to protect the person from harm.

(2) Section 18 contains further provisions about visits under this section.

- i. Suggested alteration: “A social worker may enter any premises alone or accompanied by a suitably qualified health professional for the purpose of enabling or assisting an HSC Trust conducting inquiries under section 3 to decide”
- ii. If above alteration is accepted, the paragraph heading may also need amended as non social work staff work within adult protection

d. Concerning paragraph 6:

Interviews

6.—(1) A social worker, and any person accompanying the social worker, may interview, in private, any adult found in premises being visited under section 5.

30 (2) An adult interviewed under this section is not required to answer any question

The group have a comment rather than suggested alteration – there needs to be adequate training for specialist nurses/ other suitably trained healthcare professionals involved in these interviews

e. Concerning paragraph 8, subsection 4 part B

(4) Where—

(a) an individual refuses to give consent under subsection (2) or lacks capacity to give that consent, or

(b) the person holding records fails to comply with a requirement under subsection (1) within a reasonable time,

an HSC trust may apply to a magistrates’ court for an order (“a production order”) which requires the person holding specified records to give them, or copies of them, to a social worker.

Suggested amendment: “an HSC trust may apply to a magistrates’ court for an order (“a production order”) which requires the person holding specified records to give them, or copies of them, to a social worker or nominated suitably trained healthcare professional”. Again, with the rationale that investigating officers are not necessarily from a social work background- this would negate the Designated Adult Protection Officer (DAPO) requiring to collect the notes then pass them to the investigating officer to review.

f. Concerning paragraph 8, subsection 6 part B

(6) Subject to subsection (8), records given to a social worker in compliance with a requirement under subsection (1) or a production order may be inspected by—

(a) the social worker, and

(b) any other person whom the social worker, having regard to the content of the records, considers appropriate, for the purposes set out in subsection (7).

Suggested alteration (if suggested amendment (e) above is accepted):
“Subject to subsection (8), records give to a social worker or nominated suitably trained healthcare professional in compliance with a requirement under subsection (1). . . .”

g. Concerning paragraph 10:

Assessment orders

10 **10.**—(1) An HSC trust may apply to a magistrates’ court for an order (“an assessment order”) which authorises a social worker to take a specified person from premises being visited under section 5 in order to allow—

(a) a social worker to interview the specified person in private for the purposes set out in subsection (2),

15 (b) a health professional nominated by the trust to conduct, in private, a medical examination of the specified person for those purposes, or

(c) both an interview under paragraph (a) and a medical examination under paragraph (b) to be conducted for those purposes.

Again, to reflect the input of Nursing and indeed possibly other suitably trained Healthcare Professions, as there is no requirement for Investigating Officers to be Social Work trained, we request the wording to amended as follows:

a social worker, or suitably trained Healthcare professional to interview the specified person (the investigating officer may interview the adult at risk on the direction of the DAPO; however the DAPO may or may not be present at that time). An advantage of a nurse specialist interviewing the adult at risk is that they may also be present to assess from a medical viewpoint.

h. Concerning paragraph 11

Removal orders

11.—(1) An HSC trust may apply to a magistrates’ court for an order (“a removal order”) which authorises—

(a) a social worker to move a specified person to specified premises within 72 hours of the order being made, and

Suggested amendment to reflect that the social worker may be accompanied by a suitably trained healthcare professional (for example due to medical need, training requirement such as moving and handling, or in an adult safeguarding capacity such as investigating officer). “(a) a social worker, accompanied by an appropriately trained healthcare professional if required, to move a specified person. . . .”

i. Concerning paragraph 19, subsection 2 part B

(2) The court may, on the application of the HSC trust, otherwise grant a warrant for entry in relation to a visit under section 5 only if satisfied, by evidence on oath—

(a) that a social worker has been, or reasonably expects to be, refused entry to, or otherwise unable to enter, the premises concerned, or

(b) that any attempt by a social worker to visit the premises without such a warrant would defeat the object of the visit.

Suggested amendment “(b) that any attempt by a social worker, accompanied by an appropriately trained healthcare professional if required to visit the premises....”

j. Concerning paragraph 27:

Again, there needs to be acknowledgement that not all HSC staff undertaking adult safeguarding investigation and interventions are social work professionals. We therefore request the section as screenshot below be amended to reflect this. Whilst healthcare professionals on a wider basis certainly have a role in the assessment and treatment of medical need, there also exists a subset of healthcare professional that undertake core adult safeguarding roles.

(2) In the following provisions reference to a social worker includes reference to any social worker appointed by an HSC trust (whether or not an adult protection social worker)—

- (a) section 1 (principles);
- 25 (b) section 5 (visits);
- (c) section 6 (interviews);
- (d) section 18 (visits: supplementary) insofar as it applies to visits under section 5;
- (e) section 22 (guidance);
- 30 (f) subsection (6) (exercise of functions);
- (g) section 23(3) (obstruction) insofar as it applies to visits under section 5;
- (h) section 29(2) (interpretation) insofar as it applies to visits under section 5.

k. Concerning paragraph 44

44.—(1) Regulations may, in relation to the establishments to which this Part applies, make provision about the installation and use of a CCTV system on the premises of the establishment for the purpose of safeguarding adults at risk who reside in, or use the services provided in, those premises.

Whilst we actively encourage the use of CCTV this needs to be undertaken in an open and honest manner with the requisite governance arrangements in place; including staff being notified of CCTV use, and the overt signage alerting to CCTV use within the environment. Please see [RCN position on photographing, filming or recording nursing staff by third parties on mobile devices without consent | Royal College of Nursing](#)