

Safeguarding children and adults at risk

Purpose of this document

The Pharmacy Voice Patient Safety Group has pulled this briefing together to clearly set out a series of recommendations to enable the community pharmacy sector to undertake its obligations set out in the *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework*.

Health providers are required to demonstrate that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged, yet there has been little direction to help providers achieve this. They must also ensure staff are appropriately trained in safeguarding adults, children, Prevent, domestic violence, the Mental Capacity Act (MCA) and deprivation of liberty at a level commensurate with their role and in line with the 2014 Intercollegiate Document¹.

This briefing is for information purposes and aims to provide suggested minimum principles for organisations and community pharmacy businesses to use in setting their own internal policies and procedures, recognising that it is essential to continue to revisit and develop the safeguarding arrangements in place regularly over time. The briefing should be read in line with existing company policies and procedures and any additional information or guidance resources, for example those produced by the National Pharmacy Association for NPA members at <https://www.npa.co.uk/information-and-guidance/protecting-vulnerable-groups>.

Definition of safeguarding

Safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is a key part of providing high-quality health and social care. Those most in need of protection include: children and adults at risk.

Living a life that is free from harm and abuse is a fundamental right of every person. Sharing the right information, at the right time, with the right people, is critical to good practise in safeguarding. All health care organisations have a duty outlined in legislation to make arrangements to safeguard and promote the welfare of children and adults at risk, and to co-operate with other agencies to protect these individuals

All staff, whether they work in a hospital, a care home, in general practice, or in providing community care, and whether they are employed by a public sector, private or not for profit organisation, have a responsibility to safeguard children and adults at risk of abuse or neglect in the NHS and to co-operate with other agencies to protect these individuals.

There is often confusion between safeguarding, safety, and being safe.

Safety is about the risk management of a situation. There is usually no abuse and no abuser. It is about ensuring the safety and well-being of a vulnerable person in a potentially difficult situation, such as ensuring they have appropriate or adequate care.

Being safe is about ensuring that people have the information, skills and support to maintain a safe lifestyle, for example, people with learning disabilities being given the skills to safely use public transport.

¹ Safeguarding children and young people: roles and competences for health care staff: Intercollegiate Document (2014)

Safeguarding is a key part of providing high-quality health and social care to those who are less likely to seek assistance. Two acts, The Children Act (2004) and The Safeguarding Vulnerable Groups Act 2006 impose upon professionals a statutory duty to protect the welfare of children, young people and vulnerable adults. The failure of pharmacists and their team members to identify and report safeguarding concerns may not only be exposing the alleged victim to further harm, it may also expose them to legal criticism and regulatory investigation.

Safeguarding means protecting the right to be free from abuse and neglect which is protected under the articles of The Human Rights Act 1998. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the individual's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Abuse causes harm or distress and can include deliberately exploiting a person through the commission of an act or by failing to act when appropriate, this may cause either physical or psychological harm and distress. In many cases this can be viewed as a criminal act.

The duty of healthcare professionals in safeguarding

Safeguarding all those who are vulnerable is a considerable and extensive obligation for all people who work in the NHS and their partnering agencies. It remains the responsibility of every healthcare organisation and each individual healthcare professional to ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied, with the wellbeing of those adults and children at the heart of everything they do.

All community pharmacy organisations or corporate bodies have a responsibility to safeguard children and adults at risk and ultimately, Chief Executive Officers have the responsibility to ensure that all employed staff are able to meet this requirement.

Community pharmacy's role in safeguarding

Community pharmacy holds a unique position amongst healthcare professionals to support safeguarding due to the immediate accessibility of the local community. Every year in England, 438 million visits are made to community pharmacies for health-related reasons; more than any other NHS care setting. Therefore, the community pharmacy network is a rich source of knowledge and intelligence to the local authorities to help protect children and adults at risk.

Safeguarding is everybody's business and the safety and wellbeing of those in vulnerable circumstances should be at the forefront of all community pharmacy businesses in line with the person-centred professionalism which underpins all activity within a pharmacy.

No professional should assume that someone else will pass on information which they think may be critical to keeping a child or adult at risk safe and free from harm. No single professional can have a full picture of an adult at risk or children's needs, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

However, the accessibility of community pharmacy teams also makes these colleagues vulnerable. Reporting mechanisms and internal policies **must** recognise this and keep these individuals safe.

Principles

Pharmacy Voice's Patient Safety Group supports the six safeguarding principles laid out in the *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework* (outlined below in List A) and believes that successfully and safely embedding these principles in community pharmacy procedures can be achieved through working towards using the enabling practice principles outlined in List B to shape internal policies.

List A – Six Safeguarding Principles

1. **Empowerment** – people being supported and encouraged to make their own decisions and informed consent
2. **Prevention** – it is better to take action before harm occurs
3. **Proportionality** – the least intrusive response appropriate to the risk presented
4. **Protection** – support and representation for those in greatest need
5. **Partnership** – local solutions through services working with their communities
6. **Accountability** – accountability and transparency in delivering safeguarding

List B – Practice Principles

1. Safe recruitment practises and arrangements for dealing with allegations against people who work with children or adults at risk as appropriate
 - a. DBS/PVG requirements in line with legislation and regulatory requirements
 - b. Contracts of employment
 - c. Update Locum Agreements to include safeguarding requirements
2. Safeguarding policy
 - a. To include clear guidance on how to recognise, assess and raise safeguarding concerns
 - b. One policy to clearly outline processes for adults at risk and children and detailing explicitly the differing requirements around consent
 - c. Other policies e.g. chaperone (formal or informal), lone worker, whistle blowing
 - d. Annually reviewed
 - e. Updated every two years
 - f. Policies must also ensure the safety of our pharmacy colleagues.
 - i. All safeguarding concerns to be directed in the first instance to the Pharmacy Superintendent or their Office for discussion and agreement on next steps
 - g. Internal policies to safeguard colleagues e.g. Domestic Abuse policy
3. Effective training of all staff commensurate with their role and in accordance with the intercollegiate competences 2014
 - a. Outlined in more detail in Appendix A
4. Effective arrangements for engaging and working in partnership with other agencies
5. Identification of a named nurse for safeguarding children.
 - a. This will usually be the Deputy Director of Nursing in the locality
6. Identification of a named lead for safeguarding within the organisation
7. Developing an organisational culture such that all staff are aware of their personal responsibility to report concerns

Conclusions

The safeguarding of all those who are vulnerable is an enormous responsibility for all those who work in the NHS and healthcare organisations. Safeguarding children and adults at risk of abuse or neglect is complex, frequently under review and there is a joint responsibility across organisations to ensure that this works effectively.

However, increasingly in the field of Adult Safeguarding the term 'safeguarding' has become a generic term for many issues involving adults who are at risk of abuse or neglect when these issues could and should be handled through quality assurance, complaints or case management procedures and therefore it is important that community pharmacy introduces and learns from best practice.

Disclaimer

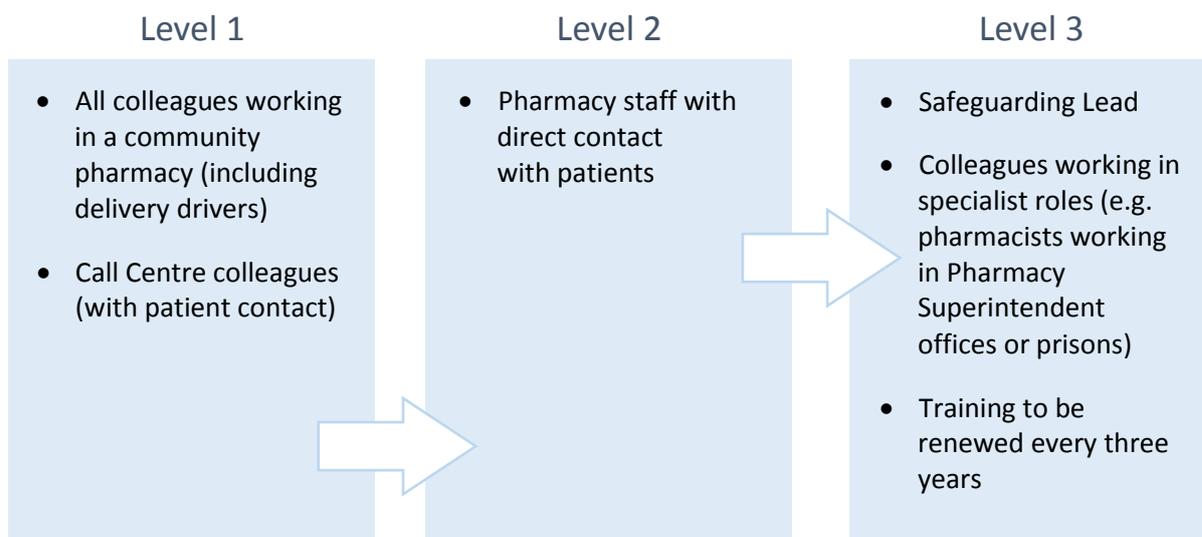
This briefing is intended for information purposes only.

Appendix A

Pharmacy Voice Patient Safety Group recommendations

- Community pharmacy should have free access to consistent, up to date and relevant Level 1 and 2 Training for all pharmacies in England.
- The NHS makes Level 1 Training readily available for all colleagues that work within the NHS. This should be made more easily accessible to all community pharmacy colleagues.
- CPPE Level 2 Training should be regularly updated to encapsulate requirements as and when they become available.
- Community pharmacy procedures should consider the application of the six safeguarding principles and protect all pharmacy team members and colleagues, enabling them to perform their duty free from harm.
- Community pharmacy organisations with a Board of Directors need to ensure these staff are aware of the importance of safeguarding and the role of the organisation's Safeguarding Lead

Suggested Safeguarding Training requirements (subject to NHS training being made readily available)



Background Reading

1. **Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework** (2015) NHS England. www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf
2. **Mental Capacity Act** (2005) www.legislation.gov.uk/ukpga/2005/9/contents
3. **Care Act** (2014) www.legislation.gov.uk/ukpga/2014/23/contents/enacted
4. **Working together to safeguard children** (2015) www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
5. **Safeguarding children and young people: roles and competences for health care staff: Intercollegiate Document** (2014) www.rcpch.ac.uk/system/files/protected/education/Safeguarding%20children%20and%20young%20people%20-%20roles%20and%20competencies%20for%20health%20care%20staff%20-%20Intercollegiate%20document%20March%202014.pdf
6. **Statutory Guidance on Promoting the Health and Well-being of Looked After Children** (2009) www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf
7. **Adult Safeguarding Best Practice Guidance for Providers of Healthcare in East Anglia and Essex** (2016) <http://basildonandbrentwoodccg.nhs.uk/about-us/publications/key-documents/weekly-gp-e-bulletin/ebulletin-2016/ebulletin-issue-100/2032-adult-safeguarding-best-practice-booklet/file>
8. **Equality Act** (2010) www.legislation.gov.uk/ukpga/2010/15/contents
9. **Female Genital Mutilation Act** (2003) www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf
10. **Prevent Strategy** (2011) www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf
11. **Modern Slavery Act** (2015) www.legislation.gov.uk/ukpga/2015/30/contents/enacted
12. **Consultation on a statutory definition of child sexual exploitation** (2016) www.gov.uk/government/uploads/system/uploads/attachment_data/file/500097/HO_DfE_consultation_on_definition_of_child_sexual_exploitation_-_final.pdf
13. **Channel Duty Guidance – Protecting vulnerable people from being drawn into terrorism** (2015) www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf
14. **The Dame Janet Smith review** (2016) www.damejanetsmithreview.com/