Briefing - Humber Forensic Medical Prototype

1.0 Introduction

An adult at risk of harm as defined by the Care Act 2014 is anyone over 18, who has care and support needs and as a result of their care needs is unable to protect themselves from harm or abuse.[1] Any person working within the NHS has a statutory duty to protect these individuals[2].

At present if this group of people suffer an injury which is thought to be non-accidental as a result of physical abuse or neglect, no nationally commissioned specialist service exists within adult safeguarding to allow the injury to be documented from a forensic perspective. The injury may well be documented for the purpose of care and treatment, but the clinician documenting the injury may not be appropriately trained to offer a forensic examination and opinion. At present forensic medicine is not in the undergraduate or postgraduate curriculum for health care professionals working in adult safeguarding. There may also be a lack of recognition that the injury is non-accidental. Adults at risk of harm frequently have cognitive impairments which makes establishing how the injury occurred challenging and therefore easier for abuse to be overlooked.

In 2022-2023 in England 41,615 episodes of physical abuse occurred that led to a Section 42 Enquiry (Care Act) taking place, (*NHS Digital, 2023*)[3]. The risk of suffering physical abuse rose by age, most of these incidents appear to have occurred within residential care. There is no data contained as to whether these injuries were thought to be non-accidental or not, nor is data available as to what type of injuries occurred as a result of physical abuse. This limits learning from these incidents.

The document *Adult Safeguarding: Roles and competencies for Healthcare Staff*[4] Level 5 for Board members and commissioning leads states that-

- '*Knowledge about the requirement of the board to have access to appropriate high quality clinical and forensic advice on adult safeguarding from dedicated named/designated professionals or equivalents*.'

The provision of expert documentation and injury interpretation should therefore form the basis of a Section 42 safeguarding enquiry and needs to be available to an Adult Safeguarding Board.

At Level 4 as described in the competencies framework a practitioner should have;

- '*a sound understanding of forensic medicine as it relates to clinical practice, including the procedures and investigations required in adult safeguarding'*

[1] Care Act 2014 S42

[2] Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework

[3] NHS Digital Safeguarding Adults 2022-2023

[4] Adult Safeguarding: Roles and Competencies for Health Care Staff

If the examination and interpretation of the injury demonstrated the high probability that the injury was caused non-accidentally, an appropriately trained safeguarding practitioner documenting the injury would work with the police and local authority safeguarding team to protect the adult. This would be alongside looking at whether a criminal prosecution of the perpetrator was appropriate and consideration of whether any professional body or the Disclosure and Barring Service (DBS) would need to be informed [5].

2.0 The Humber Forensic Prototype

A prototype project, considering the issues described above commenced in May 2022 working with North Lincolnshire and East Riding of Yorkshire Local Authorities safeguarding adults' team and the Humber and North Yorkshire Integrated Care Board (HNY ICB). The project is continuing at present and being funded for the next year by the Humber and North Yorkshire Health and Care Partnership (HNY HCP).

The initial year of the prototype project has been evaluated independently by the University of Hull and proof of concept has been established particularly around the interagency working of health and adult social care.

The prototype intends to demonstrate-

- A further assessment of clinical and service demand.
- The workforce requirements to expand the work to the Integrated Care Board (ICB) footprint.
- Policy and guidance that may be utilised nationally.
- A second evaluation funded by NHSE concentrating on outcomes for the adults who have sustained an injury.

2.1 Achievements of the Humber Prototype

Training - Working with the Faculty of Forensic and Legal Medicine [6] (FFLM), a small number of health care professionals in adult safeguarding have been trained in injury examination, documentation, and interpretation. Report writing and interagency working has also been included in the virtual sessions, along with communication skills for exploring the cause of the injury with cognitively impaired adults.

The course has enabled the practitioners to formulate opinions about injury causation.

A Forensic Health Care Practitioner's Capability Framework has been developed with the FFLM and will be used as the basis for further education and ongoing professional development.

Policy - An interagency policy has been developed with input from health, the police and adult social care. This has been in place for two years sitting at Safeguarding Adult Board level as the work relies on good multi-agency collaboration.

[5] Barring referrals - GOV.UK (www.gov.uk)

[6] Adult Safeguarding - FFLM

The policy has been reviewed and updated by the clinical forensic steering group which meets monthly. This has allowed continual improvements to be made. The University of Hull evaluators have acted as critical friends during this time-period to enhance a continual learning approach.

A photograph policy has been developed and reviewed at a multi-agency level and is just waiting Safeguarding Adult Board approval.

A procedure document has been drawn up aimed at streamlining the process for adults who lack capacity to consent to a sexual assault referral centre (SARC) medical. This group of adults are particularly vulnerable to sexual assault but are unable to refer themselves. The Humber Forensic Prototype does not do SARC medicals but if injuries are noted that indicate a sexual assault has taken place then onward referrals are made after suitable discussion.

Quality and Governance - The steering group has a continual work programme looking at service improvement and governance. Illustrative clinical cases are discussed each month to establish learning and facilitate inter-agency understanding.

Governance is provided by the steering group with a contribution to the annual report of each Safeguarding Adults Board.

Collaboration with FFLM - As a result of this work the FFLM have created an adult safeguarding resource area on their website, this has numerous resources which are freely available to anyone. The FFLM co-facilitate a quarterly safeguarding adults peer review group. Anyone working in the field of adult safeguarding within health or members of the FFLM can attend. Cases are discussed in a safe clinical space, as well as generic adult safeguarding issues.

Peer review involves discussing cases, attendees are encouraged to bring cases. The group is multi-disciplinary attended by SARC health care professionals, designated and named professionals from health and experienced forensic physicians. The group is co-chaired by a named doctor for adult safeguarding and an experienced forensic physician. Attendance is limited to twenty people to facilitate discussion and enhance peer support.

Continuing Professional Development - An annual conference has been held virtually for the last three years with national attendance. Funding for the first two was provided by NHSE. The FFLM agreed to proceed with this year's conference and alternative funding streams have been established for next years conference. Feedback from these conferences has been very positive.

Quarterly lunch and learns facilitated by the HNY ICB have been held with national level speakers, covering areas such as sexual violence, assessment of capacity, forensic aspects of neurodiversity and assessing risk.

A 'train the trainer' package for physical abuse has been developed in conjunction with North-East and North Cumbria ICB. This has been recorded and speaker notes prepared

so that named GPs or other safeguarding adult practitioners can use this resource to improve forensic awareness and knowledge of physical abuse in adults at risk of harm when delivering Level 3 training.

2.2 Forensic Medical Examination Service - The Humber Prototype

The interagency policy describes how a safeguarding alert will be raised in the usual way to the appropriate safeguarding adults' team. If physical abuse or in certain situations where neglect is documented the duty social worker will screen the referral considering whether the injury is possibly non-accidental.

Where there is consideration of non-accidental injury the case will be referred within one working day for a discussion with the forensic medical examiner (FME) and the police to determine if a forensic medical is required.

A report can be either completed from photographs provided or a joint visit is arranged with the forensic medical examiner and the social worker.

The examiner completes the relevant paperwork, that has been developed with the FFLM. An initial discussion with the social worker is undertaken at the end of the visit and then a report completed by the FME and returned to the social worker. The FME attends strategy meetings with the police and adult social care as needed.

In the first two years of the project one hundred and eleven cases have been discussed with the forensic examiner and advice given or reports written.

2. 3 Patient Information Leaflet

A need was identified for a patient information leaflet. This was originally written by the project's clinical lead. A collaborative approach was then adopted co-ordinated by the Safeguarding Adult Board Managers for both North Lincolnshire and East Riding of Yorkshire. The managers asked Healthwatch from both areas to review the leaflet with the aim of making it user friendly. The leaflet was also reviewed by the North Lincolnshire *Experts By Experience Group*.
This excellent example of inter-agency working has led to the co-production of a patient information leaflet.
An easy read version of the patient information leaflet has also been produced.

2.4 Evaluation of the Humber Prototype

David Marsland and Caroline White from the University of Hull will be evaluating the prototype having successfully completed the evaluation of the first year of the project. This second evaluation will develop a robust evidence base in respect of the prototype Forensic Service for the investigation of Non-Accidental Injury in adults. It will collect quantitative and qualitative data from multi-agency partners, and will explore the following key questions:

- What are the conclusions from the forensic medical report that includes, type of injury, suggested mechanism of injury, any recommendations that the forensic medical examiner makes either regarding health issues or contributing to safety planning.
- How does the pilot Forensic Service inform and support the decision making by the safeguarding adult team social worker and are the forensic medical examiners
- recommendations reflected in the outcome of the S42 and incorporated into future care plans?
- Case studies will be included to illustrate how the forensic medical report may have influenced safeguarding outcomes.
- What works well within the prototype forensic service, and what developments and improvements are needed?

Ethics approval has been granted by the University of Hull for this evaluation. Local authority approvals are being sought at the present time.

3.0 Outcomes of the Project

The outcomes of the project assist with decisions about how adults at risk of harm can be made safer, including highlighting potential concerns regarding place of care, as well as marking DBS as appropriate. The police have not been able to progress any criminal cases due to a lack of evidence. This illustrates the difficulty around the issue of safeguarding adults at risk of harm. The project is already providing evidence that may influence the national agenda with regards to the commissioning of this type of service across adult safeguarding and reducing health inequalities seen between children and adults.

Additional initial outcomes would appear to be that moving and handling practices have been challenged and training delivered by the appropriate teams. This will not only improve care for the individual who is the subject of the S42 but for the other residents in care homes. Human resources processes have been undertaken in a few cases.

We will continue to progress with the Forensics Prototype during 2024-2025, moving towards scaling the service up across the wider Integrated Care Board footprint. For further information then please contact Dr Elisabeth Alton at Elisabeth.alton@nhs.net