

**STAFF / PATIENT RELATIONSHIPS
 AND THE PREVENTION OF ABUSE POLICY**

**To be read in conjunction with the Somerset Partnership
 Safeguarding Adults at Risk Policy**

Version:	2
Ratified by:	Senior Managers Operational Group
Date ratified:	August 2015
Title of originator/author:	Consultant Clinical Psychologist (Operational Lead)
Title of responsible committee/group:	Clinical Governance Group
Date issued:	August 2015
Review date:	July 2018
Relevant Staff Groups:	All Trust Staff

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DOCUMENT CONTROL

Reference AH/Aug15/SPRPA	Version 2	Status Final	Author Consultant Clinical Psychologist (Operational Lead)
Amendments The policy contains important amendments: Further definitions of the aims of the Staff/Patient therapeutic relationship; further guidance about touching patients; the inclusion of 'grooming' as a prohibited activity; reporting concerns about inappropriate relationships at an early stage			
Document objectives: To inform staff about the Trust's definition of abuse of relationships with patients and actions that are required by staff.			
Intended recipients: All Trust staff			
Committee/Group Consulted: Joint HR Policy Review Group, Clinical Policy Review Group			
Monitoring arrangements and indicators: Workforce Governance Group, Regulation Governance Group.			
Training/resource implications: Induction and supervision.			
Approving body and date	Clinical Governance Group	Date: August 2015	
Formal Impact Assessment	Impact Part 1	Date: August 2015	
Clinical Audit Standards	No	Date: N/A	
Ratification Body and date	Senior Managers Operational Group	Date: August 2015	
Date of issue	August 2015		
Review date	July 2018		
Contact for review	Consultant Clinical Psychologist (Operational Lead)		
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1. INTRODUCTION

- 1.1 It is essential that proper staff/ patient relationships are maintained at all times and that any possibility of abuse is prevented.
- 1.2 The Trust recognises that whilst rare, there is the potential to abuse the staff / patient relationship in all areas of health and social care and the subsequent damaging effect this has on the patient and the delivery of care as well as risking the reputation of the Trust.

2. PURPOSE AND SCOPE

2.1 This policy sets out:

- the importance and nature of the therapeutic relationship in all health care settings and the factors that both strengthen and undermine this relationship;
- a definition of abuse and the forms of abuse;
- areas of particular high risk and actions that Trust staff and managers can take to maintain boundaries in the therapeutic relationship;
- the Trust's zero tolerance concerning the abuse of the staff/patient relationship.

3. DUTIES AND RESPONSIBILITIES

- 3.1 **The Trust** has produced this policy to define the standards of conduct within the staff/patient relationship which are required at all times from all Trust employees, seconded staff, students and volunteers.
- 3.2 **The Chief Executive** has overall accountability for this policy and for its successful implementation.
- 3.3 **The Director of Nursing and Patient Safety** in the context of being the Trust Board Safeguarding Lead is directly accountable for the effective and full operational implementation of this policy and will be advised at the outset of all concerns in line with the Managing Allegations Against Staff Policy.
- 3.4 **The Head of Safeguarding** is the Trust Designated Adult Safeguarding Manager (DASM) in respect of the Trust's duties under the Care Act 2014. In accordance with the Managing Allegations Against Staff Policy the Head of Safeguarding acts as the first point of contact for Somerset County Councils (SCC) DASM where concerns relate to adults at risk and the SCC Local Authority Designated Officer (LADO) where concerns relate to safeguarding children.

3.5 **All Trust Managers** are responsible for:

- following the agreed process for staff/patient relationships;
- ensuring all staff are aware of this policy;
- ensuring proper records are kept and ensuring confidentiality.

3.6 **All Trust staff** are responsible for:

- performing their duties in accordance with their contractual obligations, professional codes of conduct and the terms of their registration;
- adhering to the professional boundaries of their role in order to ensure that their practice is safe;
- exercising due care in the performance of their duties;
- exercising their duty of care to others, e.g. safeguarding, raising concerns and whistle-blowing;
- treating colleagues, patients, carers and visitors with respect, ensuring their privacy and dignity;
- being honest and trustworthy and being mindful of their Duty of Candour;
- being co-operative and acting reasonably;
- following Trust policies, procedures and guidance.

4. EXPLANATIONS OF TERMS USED

4.1 **Patient** - includes those people who are receiving care from Partnership Trust services in all settings including carers.

4.2 **Abuse** - definitions of abuse are described in section 7.

5. THE IMPORTANCE AND NATURE OF THE THERAPEUTIC RELATIONSHIP IN HEALTH AND SOCIAL CARE

5.1 The Trust recognises that the psychological relationship between staff and patient is an important part of most treatment and care. It should be focused solely on meeting the health and social care needs of patients and is under no circumstances a means of establishing any personal or social relationships.

5.2 On many occasions staff need to enable patients to disclose intimate / personal information and the patient to feel they have been listened to and

understood. On other occasions staff are required to provide intimate physical care, physical examinations or to intervene in otherwise private areas of a patient's financial affairs or personal life.

- 5.3 In the context of this policy, the Trust believes all patients who receive care, whatever the setting this care is delivered in, are considered vulnerable. As such, the only appropriate relationship between the member of staff and the patient/carer is one where staff adhere to the highest standards of professional conduct at all times and seek to meet the identified health or social care needs of patients.
- 5.4 The Trust requires all Trust staff to deliver care interventions within a therapeutic relationship in an entirely appropriate manner to a high standard which recognises the power imbalance between staff and patients and maintains appropriate boundaries at all times.

6. FACTORS THAT STRENGTHEN AND FACTORS THAT UNDERMINE THE THERAPEUTIC RELATIONSHIP

6.1 Staff in all settings are required to recognise actions which strengthen their therapeutic relationships with patients. These include:

- reflecting on interactions with patients;
- respecting and encouraging the patient's autonomy;
- recognising one's own limitations;
- recognising when intensity of contact is becoming inappropriate;
- ensuring patients are aware staff are providing a professional function and are not friends or part of a patient's social network;
- acknowledging that abuse can happen anywhere;
- keeping practice and training up to date;
- involving advocates and external support;
- keeping patients informed about choices in care and treatment;
- involving patients in the planning of care;
- supportive and socially appropriate physical gestures i.e. as part of helping a patient or providing reassurance. (On no account should these be interpreted as constituting a sexual advance of any kind);
- raising concerns about their own interactions with patients in clinical or management supervision, or within the multi-disciplinary team;

- following policies and procedures when restrictions on a patient are required i.e. restraint, detention under the Mental Health Act, Deprivation of Liberty Safeguards (DoLS);
- publicising the Trust's Patient Advice and Liaison Service (PALS) and Complaints policy and procedure;
- clear and accurate record keeping;
- good communication with other agencies;
- discussion of boundaries with patients.

6.2 Staff must recognise actions which undermine the therapeutic relationship. These include;

- inappropriate dress e.g. too informal or revealing;
- inappropriate use of language and/or communication style;
- socially inappropriate touching. Staff always need to be aware that any touching can be misinterpreted as over familiar or of a sexual nature and ensure any possible misinterpretation is avoided;
- lack of training or expertise in the provision of treatment;
- poor use of clinical supervision and peer support;
- unresolved personal conflicts and problems;
- social contact with a patient they are working with away from the work setting, including via social media such as Facebook;
- unclear record keeping;
- tiredness;
- inappropriate self-disclosure;
- receiving high value gifts. (this does not include occasional chocolate, flowers or cards - see 'Gifts and Hospitality' within the Ethical Standards and Code of Conduct Policy);
- situations that could lead to financial abuse such as: borrowing or lending money; buying from or selling items to patients;
- unplanned home visits to patients without peer /management approval;

- not reporting to their line manager immediately when an inappropriate relationship appears to be developing with a service user, even following discharge.

7. DEFINITIONS OF ABUSE OF THE STAFF/PATIENT RELATIONSHIP THAT THE TRUST SEEKS TO PREVENT

7.1 The Trust defines abuse as the following:

“Abuse within the patient relationship is the result of mis-use of power or a betrayal of trust, respect or intimacy between the member of staff and the patient which the member of staff should know would cause physical or emotional harm to the patient. Abuse takes many different forms and may be physical, psychological, verbal, sexual, financial/material or based upon neglect” NMC 2005

7.2 Examples of Abuse include:

Physical Abuse

7.3 Physical abuse is any unwelcome or unwarranted physical contact which harms patients or is likely to cause them unnecessary and unavoidable pain and distress. Examples include handling the patient in a rough manner, giving medication inappropriately, and poor application of manual handling techniques or unreasonable physical restraint or inappropriate physical care. Physical abuse may cause psychological harm.

Psychological Abuse

7.4 Psychological abuse is any verbal or non-verbal behaviour which demonstrates disrespect for the patient and which can be emotionally or psychologically damaging. This includes mocking, ignoring, coercing, threatening to cause physical harm or denying privacy.

Verbal Abuse

7.5 Verbal abuse is any remark made to or about a patient which may be reasonably perceived to be demeaning, disrespectful, humiliating, intimidating, racist, sexist, homophobic, ageist or blasphemous. Examples include making sarcastic remarks, using a condescending tone or using excessive or unwanted familiarity.

Sexual Abuse

7.6 Sexual abuse is forcing, inducing or attempting to induce a patient to engage in any form of sexual activity. This encompasses both physical behaviour and remarks of a sexual nature made towards the patient. Examples include the touching of patients inappropriately; engaging in any sexual discussions or questioning which have no relevance to the client's care; embarking upon a sexual relationship with a patient during their care or after discharge from the Trust's care. This also includes using the

staff/patient relationship as a means of developing an emotional connection with a patient in preparation for sexual activity (grooming).

- 7.7 Under no circumstances whatsoever is it permissible for a sexual relationship to develop between staff and a patient where the two parties have met as part of the delivery or receipt of care. The Trust believes even after discharge, patients remain vulnerable
- 7.8 Where staff feel an inappropriate relationship may be developing with a patient, they must, at an early stage, contact their line manager to discuss their specific concerns. Failure to do so may lead to disciplinary action.

Institutional Abuse

- 7.9 Institutional abuse occurs where the routines and regimes within care settings deny people rights, choices and opportunities. Abuse can be caused by weak or oppressive management, inadequate staff (numbers, competence), inadequate supervision or support, “closed communication”, lack of knowledge of whistleblowing policies and lack of training. Institutional abuse is often associated with a number of adults at risk being abused however this is not a necessary condition. Institutional abuse can occur where an allegation/concern relates to a single adult at risk.

Examples of institutional abuse include: threats of punishment, loss of personal possessions or eviction in order to gain compliant behaviour; denial of food, drink, adequate clothing and/or suitable living environment; denial of access to friends, family, solicitor, doctor, care manager and so on.

Financial Abuse

- 7.10 Financial abuse refers to the theft, misuse or misappropriation of money or property. Examples include borrowing money from or lending money to a patient.

Neglect

- 7.11 Neglect is the refusal or failure on the part of staff to meet the essential care needs of patients. Examples include failure to attend to the personal hygiene of the patient; failure to communicate adequately with the patient; inappropriate withholding of food / fluid, clothing, medication, medical aid assistance or equipment.

8. AREAS OF WORK WHERE THERE IS A HEIGHTENED RISK OF ABUSE OF THE STAFF / PATIENT RELATIONSHIP

- 8.1 The Trust recognises that there are a number of areas of work and types of intervention which increase the risk of potential abuse within the staff/patient relationship. Staff and their managers need to consider carefully the following situations, which may require additional planning and safeguards to be in place:

- setting - the delivery of 1:1 therapies or care in isolated settings within the work, independent or domiciliary setting i.e. in the patient's own home;
- the delivery of care in isolated specialist units, especially those working with long stay patients;
- time - the delivery of 1:1 therapies, treatment and care out of normal working hours;
- physical contact - these include situations that require physical restraint, physical examinations, the delivery of physical care and 1:1 treatments that require touching i.e. massage or aromatherapy;
- situations where strong feelings are generated by individual or groups or staff;
- Where the patient is known by the staff member or a relative;
- working with patients with specific needs:
 - ethnic minority groups;
 - patients with limited understanding;
 - people who have previously been abused;
 - patients who may be more aggressive, passive or more inhibited than would normally be expected and who approach others, including staff, inappropriately;
 - people who are lonely and seeking affection or where emotional and relationship difficulties are central to their mental health problems;
 - children and young people;
 - patients with learning disabilities;
 - vulnerability may be caused simply by becoming a service user and feeling dependent upon others;
 - institutional / long term patients;
 - discuss with Line Manager any care to be delivered to family and extended members of the family.

8.2 In addition staff need to consider carefully the continuation of pre-existing social or financial relationships with a patient when a member of staff becomes responsible for the delivery of care to that patient.

8.3 Where a situation cannot wait for planned supervision to take place staff should seek a meeting with their manager/supervisor or deputy as soon as is practicable in circumstances where a member of staff or their manager feels that the therapeutic staff / patient relationship may be at risk for whatever reason, there are a number of preventative actions which can be taken that routinely start with the raising of concerns in management or clinical supervision.

9. ZERO TOLERANCE POLICY AND ACTIONS EXPECTED OF STAFF

- 9.1 All staff have a duty to protect patients from any form of abuse.
- 9.2 In any circumstance when staff suspect or believe that any form of abuse may have taken place, they must report this to their line manager or supervisor as soon as is practicable.
- 9.3 In circumstances where they believe that their line manager or supervisor may be implicated or involved in the abuse, they should report their concerns directly to a senior manager or Executive Director.
- 9.4 These suspicions or beliefs may have been raised as a result of direct observation, the observations of others or changes in staff or patient behaviour or raised by a patient's carers or family members.
- 9.5 All incidents of alleged abuse will be thoroughly and carefully investigated, (taking into account all the circumstances of the alleged abuse) in line with the Trust's Managing Allegations against Staff Policy.
- 9.6 Any suspicions of financial abuse should be reported to the Local Counter Fraud Specialist or to the National Fraud Reporting Line 0800 028 40 60, in accordance with the Trust's Fraud Response Plan. Any incidents you feel should be raised can be escalated through the See Something, Say Something campaign

10. TRAINING REQUIREMENTS

- 10.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

11. EQUALITY IMPACT ASSESSMENT

- 11.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

12. MONITORING COMPLIANCE AND EFFECTIVENESS

12.1 Monitoring arrangements for compliance and effectiveness

- Overall monitoring will be by the Clinical Governance Group.
- The Clinical Governance Group will monitor incident trends and provide a quarterly report to the Regulation Governance Group where new significant risks will be escalated.

- The Patient and Public Involvement Group will monitor complaints and provide a quarterly report to the Regulation Governance Group

The Head of Safeguarding will be informed of all relevant events through the Datix system and will provide reports to the Safeguarding Steering Group. Areas of concern and risk issues will be escalated to the Trust Board within the annual report by the Head of Safeguarding.

13. COUNTER FRAUD

- 13.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

14. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 14.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 16:	Receiving and acting on complaints
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

- 14.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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- 14.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

15. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

15.1 References

NMC Code of Conduct 2015

NMC 'Practitioner-Client Relationships and the prevention of abuse' 2005
(Sections 34 and 35 of this document contains specific signs of change in the staff/client user relationship that may indicate abuse)

RCP 'Vulnerable Patients; Safe Doctors' 2007

RCP 'Sexual boundary issues in psychiatric settings' 2007

GSCC 'Codes of Practice' 2002

Safeguarding Adults; Somerset Safeguarding Adults Board –Safeguarding Adults at Risk- Multi- Agency Policy and Procedures November 2012 *(This document contains helpful guidance concerning symptoms and behaviour changes associated with abuse)*

15.2 **Cross reference to other procedural documents**

Clinical Supervision and Coaching Policy

Confidentiality and Data Protection Policy

Ethical Standards and Code of Conduct Policy

Managing Allegations Against Staff Policy

PALS and Complaints Policy

Prevention and Management of Violence and Aggression (PMVA) Policy

Record Keeping and Records Management Policy

Safeguarding Adults at Risk Policy (Somerset Partnership)

Safeguarding Children – Child Protection Policy (Somerset Partnership)

Staff Appraisal and Managerial Supervision Policy

Whistleblowing Policy

All current policies and procedures are accessible to all staff on the Trust public website (on the home page, click on 'Policies and Procedures').

Trust Guidance is accessible to staff on the Trust Intranet (within Guidelines)