



Safeguarding Adults Policy

This procedural document supersedes: PAT/PS 8 v.6 – Safeguarding Adults Policy



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hours.

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author
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		<p>Safeguarding Manager and Investigator.</p> <ul style="list-style-type: none"> • Page 7 - Amendments to recruitment to reflect changes within The Independent Safeguarding Authority • Page 8 - Additions to role specific training • Page 9 - Addition of section 5.8, to reflect Discharge of patients subject to Safeguarding procedures • Addition of Appendix 1 - Flowchart – Internal process for managing Safeguarding Adults referrals 	
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1. INTRODUCTION

**‘Safeguarding means protecting an adult’s right to live safely, free from abuse and neglect.’
([The Care Act 2014](#))**

Safeguarding adults is underpinned by multi-agency working, with Local Authorities taking the lead. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (The Trust) work in partnership with other agencies on both [Nottinghamshire](#) and [Doncaster](#) Safeguarding Adults Boards (SABs) in order to ensure best practice is integral to the role of Health Care workers. This policy forms a key part of those multi agency arrangements.

[The Care Act 2014](#) (The Act) came into force in April 2015, and superseded the ‘No Secrets’ (2000) guidance document. This ensured that Safeguarding Adults became legislation, rather than ‘good practice’, as it had been previously.

The Care act requires that each local authority **must**:

- Set up a local Safeguarding Adults Board
- Make enquiries, or cause other organisations to do so, if an Adult at Risk is, or may be being abused or neglected.
- Co-operate with each of its partners in order to protect the Adult. Partner organisations have a duty to co-operate with the Local Authority

Staff employed by, or who work on behalf of the Trust, have a duty to treat adult patients, children and young people, relatives and carers with respect and dignity at all times and to ensure that modesty of patients is preserved. This is in line with the Trust’s [PAT/PA 28](#) – Privacy and Dignity Policy. All children and adults have equal rights to protection and access to services.

2. PURPOSE

The policy is intended for use by all staff employed by, or working on behalf of, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. Its aim is to ensure that the Trust has robust systems in place to promote safeguarding practice across the Organisation. It will assist staff through the process of caring for adults at risk, using the Trust’s services and to guide staff in accessing relevant procedures to manage the risks associated with safeguarding adults and adult protection.

3. DUTIES AND RESPONSIBILITIES

Overall accountability for Safeguarding within the Trust lies with the Chief Executive.

Within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust the Director of Nursing is the Executive Director with responsibility for Safeguarding Adults practice and assumes a strategic and professional lead on all aspects of the Trust's contribution to Safeguarding Adults. This role involves championing the importance of safeguarding, promoting the welfare of adults throughout the organisation and providing assurance to the Board of Directors that systems and processes are in place, and that any concerns about the welfare of adults are taken seriously and acted upon appropriately.

Safeguarding Adults is a shared responsibility between all agencies and professions. As such, the Trust is represented at Safeguarding Adults Boards and sub groups at both strategic and operational levels in Doncaster and Nottinghamshire.

The Trust has a Strategic Safeguarding People Board (SSPB), chaired by the Head of Safeguarding. Membership of the SSPB includes Safeguarding Professionals and other key individuals including the Associate Directors from across all sites. Doncaster and Bassetlaw CCG's are both represented, as are the public Governors. The purpose of this group is to provide leadership and strategic direction for implementing safeguarding systems and processes within the Trust and give the Board and CCG's assurances of compliance with regulation re safeguarding. The group is attended by safeguarding professionals from both CCG's.

The Trusts Safeguarding Team, works across all sites of the Trust. The role of the team is:

- To provide the expert Safeguarding Adults clinical leadership role within the Trust.
- To work at a strategic level across the health and social care community, fostering and facilitating multi-professional interagency working and training in respect of Safeguarding Adults.
- To represent the Trust at Multi Agency meetings, and Subgroups of the Local Safeguarding Adults Boards
- To act as an expert resource on Safeguarding Adults issues, providing accessible, accurate and relevant information to staff within the Trust.
- To carry out audits in order to measure and monitor staff knowledge and compliance with policy and procedures.
- To contribute to the development and delivery of the safeguarding training programme that is current to the trust.

- To provide group/individual supervision in accordance with the [PAT/PS 13](#) – Safeguarding Supervision Policy.
- To report to the Strategic Safeguarding People Board.

(Please see Appendix 1 for Safeguarding Team contact details.)

Divisional, Ward and department Managers have a responsibility to:

- Ensure that their staff are aware of and have access to Local Safeguarding Adults procedures. These are accessible on the Hive [Safeguarding Adults Page](#).
- Ensure compliance with policies and the Local Safeguarding Procedures.
- Ensure compliance with requirements of the SSPB.
- Ensure that staff attend statutory and essential training relevant to their role and maintain training records within their departments.

All staff have a responsibility to act within the provisions of the Care Act (2014). All staff should ensure that they are familiar with the policy, and act within its guidance. Staff should be aware of how to escalate a concern if they have heard a disclosure, or have concerns that there may be abuse or neglect occurring. Staff must attend relevant Statutory and essential training, as advised by their manager.

4. SAFEGUARDING PRINCIPLES AND PROCEDURES

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides services to the local population of Doncaster, Mexborough, Bassetlaw and surrounding areas, and those patients who may live outside these areas. All staff are expected to be aware of the location and contents of appropriate policies and procedures in relation to safeguarding and promoting the welfare of adults. These policies can be accessed on the [policies page](#) of the Hive.

What is Safeguarding?

Safeguarding means protecting an Adult's right to live in safety - free from abuse and neglect. It is about organisations working together to prevent and stop the risks and experience of abuse or neglect whilst promoting wellbeing and having regard to the adult's wishes and feelings. (The Care Act).

4.1 The Care Act

The processes and procedures outlined within this document are underpinned by the Chapter 14 of [The Care Act 2014](#) (The Act). The Act was introduced in 2015 and gave statutory status to Safeguarding Adults, which means that staff now have a **duty** to safeguard

adults, and not simply a **responsibility**. It has brought about some significant changes to Safeguarding Adults as identified below.

The Act introduced a change to terminology. A Vulnerable Adult is now referred to as an Adult at Risk (thereafter referred to as the Adult). A perpetrator is now known as a 'Source of Harm'.

The Act defines an Adult at Risk as any person of 18 years and above, who;

- Has care and support needs, (whether or not the local authority is meeting those needs)
 - Is experiencing, or is at risk of, abuse or neglect,
- and**
- As a result of those needs is unable to support themselves from that risk of or the experience of abuse or neglect.

Whilst Local Authorities retain the lead in respect of Safeguarding Adults procedures, the Act has placed a legal duty on organisations outside the Local Authority, including Healthcare providers and the Police.

The Act requires that Local Authorities **must** make enquiries, or **cause others to do so**, if it believes that an adult is at risk of, or experiencing abuse. This means that health care providers may be requested to be involved in safeguarding investigations, and have a **duty** to do so.

The Act defined six key principles which underpin all adult safeguarding work:

- **Empowerment:** People being supported and encouraged to make their own decisions
- **Prevention:** It is better to take action before harm occurs
- **Proportionality:** The least intrusive response appropriate to the risk
- **Protection:** Support and representation for those in need
- **Partnership:** Local solutions through services working with their communities
- **Accountability:** Accountability and transparency when delivering safeguarding services.

In addition to these principles, one of the most significant changes is the introduction of '**Making Safeguarding Personal**'. This means that the whole safeguarding process should be person led and outcome focused, and engages the adult in the process, encouraging them to make their own choices wherever possible. It is important that the adult is at the heart of safeguarding procedures; they should have a voice, they should be involved in the process, and able to state what outcomes they would like to see at the conclusion of the process. They should be kept informed throughout.

An adult who is assessed as having the capacity to do so, is at liberty to refuse the involvement of the safeguarding process if he so wishes – even if this is seen as an unwise decision. However, a referral can be made without consent if a crime has taken place, or if

there is a possibility that there is public interest i.e. Are there likely to be other people at risk? (See 'Third Party reporting' in section 5.4.)

What is abuse or neglect?

In order to understand safeguarding, we must understand what abuse is. Below are the categories of abuse as defined by [The Care Act 2014](#).

- **Physical:** hitting, slapping, kicking etc. but also any act that may cause physical symptoms, e.g. misuse of medication, inappropriate restraint, poor moving and handling techniques etc.
- **Financial or material:** theft, fraud, internet scamming, mismanagement of a person's financial affairs.
- **Sexual:** does not have to involve sexual contact – includes displaying pornographic images, forcing a person to witness sexual acts/videos etc. Any sexual act to which an individual has not consented.
- **Discriminatory:** racism, sexism, ageism, homophobia - may include hate crimes.
- **Organisational:** poor care practice e.g. consistently low staffing levels, rigid routines for the benefit of the organisation rather than the individuals.
- **Neglect and acts of omission:** not providing or allowing access to appropriate health, education or social care or treatment. Neglect may be intentional or unintentional.
- **Psychological:** includes threat, harassment, intimidation, cyber bullying.

In addition to these categories, The Care Act has defined 3 more categories:

- **Domestic Violence:** is defined an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or are family members. See (PAT/PA12 Domestic Abuse Policy)
- **Self-Neglect:** covers a wide range of behaviour, neglecting to care for own needs, health or surroundings, and includes hoarding.
- **Modern Slavery:** encompasses forced labour, human trafficking, domestic servitude, forcing individuals into criminal activity.

Further information about the categories and patterns of abuse can be found in chapter 14 of [The Care Act 2014](#), or within the policies and procedures on the Hive.

4.2 Safeguarding Adults Procedures

Staff working across all agencies are expected to follow the [Doncaster Safeguarding Adults Procedures](#) or [Nottinghamshire Safeguarding Adults Procedures](#), when concerns arise relating to the safety of adults at risk. This will depend on where the alleged abuse or neglect occurred and not necessarily where the adult resides, or which hospital site he is in

4.3 Partnership Working

The responsibility for co-ordination of Safeguarding Adults work lies with the Local Authority. However the Act makes it clear that the operation of procedures is a collaborative one. All organisations working with adults at risk use the multi-agency approach. Staff, therefore, have a duty to work effectively in partnership with other key agencies, including voluntary and statutory agencies, to prevent adults from suffering harm and to promote their welfare.

4.4 Safeguarding Adults Reviews

Safeguarding Adults Boards (SABs) must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies, or suffers serious harm, as a result of known or suspected abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult.

SABs are free to arrange for a SAR in other situations outside these criteria, where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

The purpose of a Safeguarding Adults Review is neither to reinvestigate nor to apportion blame, but to establish if there are lessons to be learnt to prevent such a tragedy happening again, and to share those lessons across the organisations. Any case that potentially meets the threshold for a review will be referred to the local SAB for consideration. The need for a review will be determined by the local Safeguarding Adults Boards.

The Trust has a duty as a partner agency of the Safeguarding Adults Boards to contribute to enquiries and to implement recommendations when SARs are completed. The findings from SARs are shared by members of the Safeguarding Team through a variety of routes, including groups and forums such as the Strategic Safeguarding Peoples Board, through reports, and communications such as the [Safeguarding Newsletter](#), and the Buzz.

Directorates/Divisions should ensure that Safeguarding is an agenda item in their Governance meetings.

4.5 Information Sharing

[The Care Act 2014](#) states that all commissioners or providers of services in the public, voluntary or private sectors should disseminate information in line with multi-agency policy and procedures:

- Confidential patient information may need to be disclosed to appropriate parties in the best interests of the patient;

- Information will only be shared on a 'need to know' basis when it is in the best interests of the patient
- Confidentiality must not be confused with secrecy;
- Informed consent should be obtained but, if this is not possible and adults, or children are at risk, it may be necessary to override the requirement;
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk;
- Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and the constraints of the legal framework.

[Information sharing: advice for practitioners providing safeguarding services](#) supports frontline practitioners working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.

General Data Protection Regulation (GDPR)

The [Data Protection Act 2018](#) and [General Data Protection Regulation \(GDPR\)](#) do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. The purpose of GDPR is to harmonise data privacy laws across Europe by standardising definitions and addressing legal uncertainty and the public's perception that their data is at risk. GDPR protects an individual's fundamental rights and freedoms, in particular, their 'Right to the Protection of Personal Data'. It's important to remember that the GDPR is not a barrier to sharing information. Sharing information with the right people can be just as important as not disclosing to the wrong person.

The seven rules of information sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information, However you may still share information without consent if, in your judgement, an adult is at risk of abuse or neglect, based on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared

only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Third Party Reporting

If you have been given information or believe that a crime has been committed against an Adult at Risk, this **must** be reported to the police. This can be done **without** consent, even if the Adult has the capacity to decline. Third parties should report on behalf of the victim with or without consent as safeguarding the victim takes priority over consent.

South Yorkshire Police have said:

“The police will **always advise agencies to report crimes**. This is something they will always advocate and will not negotiate on. The police comply with National Crime Recording Standard (NCRS) who advise third parties should report on behalf of the victim with or without consent as **safeguarding the victim takes priority over consent**. However as an agency if you chose not to report these crimes due to the victim not consenting or otherwise **then the risk to that victim stops with you. Not reporting to the police will impact on any future risk assessments** the police make or any investigations they do.

“We understand on occasions reporting crimes to the police and the police investigating could put the victim at more risk, however not reporting crimes could also put them at more risk. We can only deal with what we already know”

It is clear, that if staff do not report a crime, the consequences of any risk to the Adult at Risk will rest with those staff,

(Whilst this is from the South Yorkshire Police website, this also applies to Nottinghamshire police areas)

5. LOCAL ARRANGEMENTS

The Trust champions the importance of safeguarding, promoting the welfare of adults throughout the organisation, whilst providing assurance to the Board of Directors that systems and processes are in place for any concerns about the welfare of adults to be taken seriously and acted upon appropriately.

All local arrangements are in line with the regional and national guidelines, and both Local Safeguarding Boards.

5.1 Safe Recruitment

The Trust ensures that a safe recruitment process is in place for all new staff and volunteers. This involves a Disclosure and Barring Service check and uptake of references prior to appointment. Please refer to: [CORP/EMP 17](#) - Working with Vulnerable Adults & Children – Disclosure and Barring Service (DBS). The Trust is required to report any concerns regarding the suitability of employees, agency workers and volunteers who work with adults or children to the Disclosure and Barring Service.

5.2 Managing Allegations Against Staff

A framework for managing allegations is available and applied in practice nationally, and this is reflected within multi agency local procedures. Both Local Safeguarding Adults Boards have a PIPoT policy (Persons in positions of Trust)

The Chief Executive is the Named Senior Officer with responsibility for Safeguarding within the Trust. He will delegate authority to the Director of Nursing to manage the process when an allegation is made against a member of staff or volunteer. A senior manager in conjunction investigates each individual case with a representative of Human Resources Team.

On occasion staff members may have concerns about the practice or behaviour of another member/s of staff and such staff should be aware that they have a duty to report genuine concerns to their Line Manager. If the concerns involve the staff member's line manager, staff can speak to any other manager or a member of the Safeguarding Team for advice. Staff who are involved in 'whistle blowing' processes will be supported through the process, in line with [CORP/EMP 14](#) – Freedom to Speak Up Policy 'Speak up to make a difference'. Allegations against the Trust, or individuals employed by the Trust will be recorded on DATIX.

5.3 Adverse Events Relating to Safeguarding Adults

Internal adverse events relating to safeguarding adults are managed in line with Trust policies [CORP/RISK 33](#) – Incident Management Policy and [CORP/RISK 15](#) – Serious Incident (SI) Policy. External adverse events relating to safeguarding adults are raised according to safeguarding adult's procedures. The Safeguarding Team should be informed of any safeguarding incident.

5.4 Discharge of Patients Subject to Safeguarding Procedures

If a patient is the subject of a Safeguarding Adults enquiry, or it is felt that discharging him/her may put him/her at risk of abuse, it **may** not be appropriate for him to be discharged back to the same environment, even if he is medically fit. Please refer to: [PAT/PA 3](#) – Discharge of Patients from Hospital Policy.

- The Consultant in charge of the patient's care should be informed if the patient is subject to Safeguarding procedures;
- If there is a Social Worker or Community Care Officer involved with the patient, he or she should be kept informed of progress;
- It may not be appropriate for the patient to remain in an acute hospital setting; therefore a transfer to intermediate care, or a non-acute area, or temporary placement in a care home may be considered until the Safeguarding Adult procedures are resolved, this will be arranged by Social Care;
- If the patient is assessed as having capacity to determine discharge arrangements, they should be consulted about their wishes. If they want to go home, and are able to make an informed decision about this, they should be supported to do so;
- Once fit for discharge, the patient may be discharged to an alternate address, for example a different care home, provided his/her needs can be adequately met;
- For further advice/clarification, staff should contact the Safeguarding Adults Team.

5.5 Domestic Violence and Abuse

The Care act (2014) Introduced Domestic abuse as a recognised category of abuse. The Government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

Further information can be found in the following additional Trust policies:

[PAT/PS 12](#) – Domestic Abuse Policy

[PAT/PS 10](#) - Safeguarding Children Policy

5.6 Child Sexual Exploitation

It is possible that an Adult at Risk may disclose to staff that they have in the past been a victim of Child Sexual Exploitation (CSE).

The Department for Education (2017) defines Child Sexual Exploitation as:

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.” Please refer to [PAT/PS 10](#) - Safeguarding Children Policy.

If an adult discloses historical abuse, please contact the Safeguarding Team for further advice.

5.7 Female Genital Mutilation

The practice of Female Genital Mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons. The practice is irreversible and has no health benefits for girls or women and the procedure can cause physical morbidity and even mortality. An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM.

FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls.

The practice became illegal in the UK in 1985 ([The Prohibition of Circumcision Act 1985](#)) and more recently the law was updated with the [Female Genital Mutilation Act in 2003](#), whereby it is now also illegal to take a child abroad to have procedure performed. FGM is recognised internationally as a violation of the human rights of girls and women.

There are mandatory reporting duties in place for professional that identify young girls and women with FGM.

Please refer to [PAT/T 64](#) – Female Genital Mutilation: Identification, Reporting and Management.

5.8 MAPPA/ViSOR Arrangements.

Multi Agency Public Protection Arrangements (MAPPA) are statutory arrangements for managing sexual and violent offenders.

On occasion we may have patients or visitors to the Trust who are subject to MAPPA arrangements and are registered with ViSOR (Violent and Sexual Offenders Register). A ViSOR Nominal can be male, or female, but for ease of reading will be referred to as he.

The Trust will be informed via the Safeguarding Team when a MAPPA nominal is admitted. The referrer may be from the police, the probation service or any other organisation involved with the individual. It is often the individuals Offender Manager.

The referrer will discuss the level of risk that the person may pose, and to whom the risk may apply. As these individuals are not in custody, they will not have attending prison officers with them. We therefore need to manage any risk identified, using the information provided by the referrer.

The Safeguarding Team will discuss with the relevant ward Manager, suitable way to manage the individuals care whilst in hospital, taking into account the risk level. The Safeguarding Team will contact the ward each day to ensure that there are no issues arising from the situation, and should be informed when the patient is discharged from their care. The team will then confirm with the referrer that discharge has taken place.

The Safeguarding team will log the referral/risk assessment form, saving it to the shared drive.

If the Trust is notified that a MAPPA Nominal is a regularly visiting an inpatient, the same process is applied until the patient he is visiting is discharged.

It is important that whilst managing the risk posed by the individual, his confidentiality is protected. The Trust will not be given details of the offence committed, simply what the risk level is.

It is the responsibility of staff caring for a MAPPA nominal to ensure that any actions and/or requirements identified within the Risk Assessment are complied with.

There should be no discussion or speculation. ***It is of a highly sensitive nature and if inadvertently disclosed may have considerable impact on the safety of the individual and his/her family.***

5.9 PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

References: Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007 [MCA - Code of Practice](#)

PAT/PA 19 v.6 - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)

6. OPERATIONAL PROCESS FOR MAKING A SAFEGUARDING ADULTS REFERRAL

A Safeguarding Concern should be made within the same working day as the issues are disclosed or suspected. A qualified Health Care Professional working with the patient should complete the referral. It is important to note that a Safeguarding Concern will be forwarded to the **area in which the alleged abuse took place** – and not where the person is at the time that the concerns were raised. For example, if a patient is admitted to Bassetlaw Hospital, but lives in Doncaster, and the alleged abuse took place at home, the referral would be sent to Doncaster.

The referral process:

- All Safeguarding Adults concerns (previously known as referrals) are now raised using the Trusts incident reporting system DATIX.
- When making a safeguarding referral, open the DATIX application and in the section 'what are you reporting?' click safeguarding Adults referral. This will generate the appropriate questions to enable the form to be processed appropriately
- The handler will be 'Safeguarding Adult referrals'
- Please follow the form and include as much information/ detail as possible. Answer all the questions within the form, in order for the referral to be comprehensive.
- When completed as above, and submitted, the form will be locked to the safeguarding team, who will then process the referral, and forward to the relevant local authority.
- For any referrals out of hours that are felt to be too urgent to leave until the next working day, please contact:
Doncaster: Emergency Duty Team, (EDT) contactable via 01302 796000.
- Nottinghamshire: Emergency Social Care, contactable via 0300 456 4546.
Any immediate actions will be completed by the emergency teams, and passed to the relevant team for ongoing actions.

7. TRAINING/ SUPPORT

Please note: The training requirements of staff will be identified through a learning needs analysis (LNA). Role specific education will be co-ordinated/ delivered by the topic lead. Alternatively, training may be accessed via an approved e-learning platform where available.

8. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being monitored:	Who will carry out the monitoring:	How often:	How reviewed/where reported to:
Safeguarding referral documentation.	Safeguarding Team.	Ten referral forms to be reviewed annually.	Will be reported to SSPB. Will feed into multi agency audit of referrals.
Number of referrals made to each local authority.	Safeguarding Team.	Quarterly	Reported via quarterly and annual report to Trust Board and commissioners.
Audit of staff knowledge.	Safeguarding Team.	Annually	Will be part of the Safeguarding Team audit Plan.
Monitoring of training undertaken.	Team managers.	Annually	To be included in the Personal Development Review.

9. DEFINITIONS

Abuse “A violation of an individual’s human and civil rights by any other person or persons” (No Secrets 2000)

Adult A person having attained the age of 18 years.

Adult at Risk (Previously Vulnerable Adult) A person aged 18 years or over who has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. ([The Care Act 2014](#)).

Alert The point at which abuse is disclosed, or suspected. All staff have a duty to share this information, even if the victim asks them not to. Staff should inform their line manager of their concerns immediately.

Care Act 2014 Became law in April 2015, and represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. This has superseded the ‘No Secrets’ (2000) guidance.

Child Sexual Exploitation Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

Concern The stage of the Safeguarding process which will trigger an investigation. Concerns are made to the Local Authority Safeguarding Adults Team (see section 5).

Female Genital Mutilation The practice of Female Genital Mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons.

MAPPA Multi Agency Public Protection Arrangements (MAPPA) are statutory arrangements for managing sexual and violent offenders.

Mental Capacity The ability of an individual to make decisions regarding specific elements of his life. It is also sometimes referred to as 'competence'.

Safeguarding Adults Board (SAB) Each Local Authority must have a SAB, as directed by [The Care Act 2014](#). The SAB's main objective is to assure itself that local safeguarding arrangements act to help and protect adults in its area.

Safeguarding Adults Review (SAR) A multi-agency review carried out when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult

Source of Harm (Previously Perpetrator) The individual/s or organisation suspected of carrying out abuse, or neglect.

ViSOR (Violent and Sexual Offenders Register) A person who is on this register is referred to as a ViSOR Nominal.

10. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2).

11. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

[PAT/PA 19](#) - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)

[PAT/PA 28](#) - Privacy and Dignity Policy

[PAT/PS 13](#) - Safeguarding Supervision Policy

[PAT/PS 12](#) - Domestic Abuse Policy

[CORP/EMP 27](#) – Equality Analysis Policy

[CORP/EMP 4](#) – Fair Treatment for All

[PAT/PS 10](#) – Safeguarding Children Policy

[CORP/EMP 17](#) – Working with Vulnerable Adults & Children – Disclosure and Barring Service

[PAT/PA 3](#) – Discharge of Patients from Hospital Policy

[CORP/RISK 33](#) – Incident Management Policy

[CORP/EMP 14](#) – Freedom to Speak Up Policy ‘Speak up to make a difference’

[CORP/RISK 15](#) – Serious Incident (SI) Policy

[PAT/T 64](#) – Female Genital Mutilation: Indication, Reporting and Management

[Due Diligence Processes for Slavery and Human Trafficking](#) – Trust Modern Slavery Statement

12. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

13. REFERENCES

[The Care Act 2014](#)

[Code of Practice \(2007\) of the Mental Capacity Act \(2005\)](#) Department of Constitutional Affairs

[Doncaster Safeguarding Adults Procedures](#)

[Intercollegiate Document 2018](#) Royal College of Nursing

[No Secrets 2000](#) Department of Health and Social Care

[Safeguarding Adults – The role of Health Service Practitioners](#) Department of Health and Social Care

[Safeguarding Adults – The role of Health Service Managers & their Boards](#) Department of Health and Social Care

[Nottinghamshire Safeguarding Adults Procedures](#)

[Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework](#) NHS England

APPENDIX 1 – SAFEGUARDING TEAM CONTACT DETAILS AND ORGANISATIONAL STRUCTURE

SAFEGUARDING TEAM CONTACT INFORMATION	
Safeguarding Office & Secretaries	642437 dbh-tr.safeguarding@nhs.net dbth.safeguardingadultsreferral@nhs.net - Adults referrals only
Named Nurse for Safeguarding Children	642436 07768033175
Specialist Nurse for Safeguarding Children	642432 07771345500
Specialist Nurse for Safeguarding	642432 07557845149
Lead Professional, safeguarding Adults	642434 07810683409
Specialist Nurse for Safeguarding Adults	642435 07880055321
Named Midwife for Safeguarding Children	642791 07979906347
Named Doctor for Safeguarding Children	Via DRI switchboard 01302 366666
Designated Doctor for Safeguarding Children	Via DRI switchboard 01302 366666
THE HIVE SAFEGUARDING PAGES	
Safeguarding Team	https://extranet.dbth.nhs.uk/safeguarding/
Safeguarding Children	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-children/
Safeguarding Adults	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-adults/
Domestic Abuse	https://extranet.dbth.nhs.uk/safeguarding/domestic-abuse/
Safeguarding Documents	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-documents/
Rapid Response to Child Deaths	https://extranet.dbth.nhs.uk/safeguarding/rapid-response-to-child-deaths/
Prevent	https://extranet.dbth.nhs.uk/safeguarding/prevent-2/
Safeguarding Training	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-training/
Safeguarding Newsletter	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-newsletter/

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Safeguarding Adults Policy – PAT/PS 8 v.6	Safeguarding Team	Pat Johnson	Existing Policy	January 2020
1) Who is responsible for this policy? Safeguarding Team				
2) Describe the purpose of the service / function / policy / project/ strategy? Policy intended for uses by all Trust Staff				
3) Are there any associated objectives? Care Act 2014				
4) What factors contribute or detract from achieving intended outcomes? – Nil				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	NO			
b) Disability	NO			
c) Gender	NO			
d) Gender Reassignment	NO			
e) Marriage/Civil Partnership	NO			
f) Maternity/Pregnancy	NO			
g) Race	NO			
h) Religion/Belief	NO			
i) Sexual Orientation	NO			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in CORP/EMP 27</i>				
Date for next review: February 2025				
Checked by Abigail Trainer		Date: February 2022		