Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Safeguarding Adults Policy

This procedural document supersedes: PAT/PS 8 v.7 – Safeguarding Adults Policy

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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 Issued	Brief Summary of Changes	Author
Version 8	February 2025	• Revision of policy • Update to contact details • Reference to Sexual Safety • Reference to professional Curiosity Section 42 Enquiries under the Care Act 2014 • Update on modern slavery included	Natalie Jacques Specialist Nurse – Safeguarding Adults
Version 7	February 2022	• Minor changes to reflect structure • Update to contact details • Update to referral process/DATIX • Updated template	Pat Johnson Lead Professional - Safeguarding Adults
Version 6	17 February 2020	• Changes to structure • Changes to terminology • Addition of MAPPA/ViSOR • GDPR • 3RD Party Reporting	Pat Johnson
Version 5	26 May 2017	• Changes to incorporate new terminology, and processes in line with the Care Act 2014 • Update section re training • The role of the Safeguarding Adults Board	Pat Johnson
Version 4	November 2015	• Changes to reflect the introduction of the Care Act • Changes to reflect Trust structure • Reference to Female Genital Mutilation • Reference to Child Sexual Exploitation	Pat Johnson
Version 3	August 2012	• Changes to reflect Trust layout • Section 4 - Addition of information sharing protocol • Section 5 - Addition of Procedure for making referrals • Section 6 - Addition of Safeguarding Training for Managers • Appendix 2 - Guidance for making referrals	Pat Johnson
Version 2	July 09	• Page 5/6 - Amendments to duties and responsibilities of Leadership roles, Safeguarding Manager and Investigator • Page 7 - Amendments to recruitment to	P Johnson

		reflect changes with 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

Colleagues 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 colleagues 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 colleagues through the process of caring for adults at risk, using the Trust's services and to guide colleagues 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 Chief Nurse is the Executive lead 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 Trust Board 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 Group (SSG), chaired by the Deputy Chief Nurse. Membership of the SSG includes Safeguarding Professionals and other key individuals including the Divisional Leads from across all sites. Doncaster and Nottinghamshire Integrated Care Boards are both represented. 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 ICB's assurances of compliance with regulation re safeguarding.

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 colleagues within the Trust.
- To carry out audits in order to measure and monitor colleagues 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 Group - SSG

  Please see the Safeguarding Team contact details on the HIVE.

Divisional, Ward and department Managers have a responsibility to:

- Ensure that their colleagues 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 SSG.
- Ensure that colleagues attend statutory and essential training relevant to their role and maintain training records within their departments.

All colleagues have a responsibility to act within the provisions of the Care Act (2014). All colleagues should ensure that they are familiar with the policy, and act within its guidance. Colleagues 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. Colleagues must attend relevant Statutory and essential training.

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 colleagues 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, 2014).

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 colleagues 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.

4.2 RESPONDING TO SECTION 42 ENQUIRES / ALLEGATIONS AGAINST THE TRUST

"An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place".

If the criteria for a S42 enquiry are met, as outlined in the ADASS S42 Framework, the Local Authority (LA) has a duty to make enquiries; or cause enquiries to be made and should be endeavouring to achieve Making Safeguarding Personal outcomes throughout this process, with the wishes and desired outcomes of the person taking priority from the start to the end of the enquiry.

The Care Act 2014 states the local authority can cause other agencies to complete enquiries on their behalf. Therefore, where an allegation of abuse or neglect is made against Doncaster and Bassetlaw Teaching Hospitals, through discussion with the local authority we may be asked to undertake enquiries. We must ensure that the allegations are fully investigated.

The DBTH safeguarding team will be notified of the Section 42 adult safeguarding enquiry and will prompt further fact find to establish whether any action needs to be taken immediately to prevent or stop abuse or neglect happening. A DATIX will be submitted by the Safeguarding Team where the relevant persons will be expected to complete the Allegation template within 14 days, to meet the local authority timescales (Appendix 2). The response will include how we will embed any learning or change practice to ensure further risk of this reoccurring is mitigated.

To ensure we comply with the requirements of the Care Act 2014 we must make considerations to the following:

1. Establish the facts.
2. Consider the circumstances which may have led to the potential concerns raised. Capture the person's views and wishes or where a person lacks capacity speak to their interested person /advocate.
3. Where proportionate to do so, protect the individual from further abuse or harm, balancing the risk with a person's wishes and values, or in best interest if they lack mental capacity.
4. Make decisions regarding what follow up action should be taken.
5. Enable the adult to achieve resolution and recovery.

Local procedure provides further detail of how section 42 enquiries are managed within DBTH and are available on the HIVE – Allegations against the Trust.

Key Principles of Care Act 2014

The Care 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 they wish to do so – 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 for example, is 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.
- **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.

4.3 MODERN SLAVERY

The United Nations Office on Drugs and Crime, defines Human Trafficking as: "Human Trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit. The movement of people, by means such as force, fraud, coercion or deception, with the aim of exploiting them."

The Modern Slavery Act was passed by the British Government in 2015, and defines Modern Slavery as "any form of slavery, servitude or human trafficking." It is a serious crime and a violation of human rights. Victims are legally entitled to support from the Government.

Modern slavery is a complex crime and victims may not be aware that they are being trafficked or exploited, and may have consented to elements of their exploitation, or accepted their situation. The case may be referred to the National Referral Mechanism (NRM) by the appropriate agency so that the relevant competent authority can fully consider the case. You do not need to be certain that someone is a victim.

There are 4 main types of exploitation in human trafficking in the UK:

- **Forced labour** - trafficked people are used as labour in certain poorly regulated industries, such as hand car washes, takeaways and restaurants, construction sites, nail bars, agriculture, and factories.
- **Sexual exploitation or forced prostitution** – the difference between sex work and sexual exploitation is often blurry, but generally victims of sex trafficking are not free to leave as they wish and are kept in a pop-up brothel or private residence. They are often initially lied to about the nature of the work they'll be doing. Victims of sexual exploitation are more likely to experience the worst levels of physical and sexual abuse than those of other types of trafficking.
- **Domestic servitude** – victims are often a child sent away from home to live with relatives, or an adult on an Overseas Domestic Worker visa who's come to the UK as a nanny.
- **Forced criminality** – trafficked people are often forced to commit crimes to make money for their traffickers. This may be by working on a cannabis farm, shoplifting, begging, selling drugs (known as County Lines Exploitation), or benefit fraud. They may then be caught and prosecuted despite being a victim of a crime themselves.
- Human trafficking for **organ harvesting** is common in some other parts of the world but there have been very few confirmed cases in the UK due to the strict controls on transplants set by the Human Tissue Authority.

These types of exploitation often overlap – for example someone trafficked to the UK from Romania for the purposes of sexual exploitation might be told to bring their children with them so the traffickers can claim child benefit, or a victim of domestic servitude might also be sexually exploited.

In all types of exploitation, the trafficked person will usually be forced to work long hours, have their freedom to move restricted in some way, and live in accommodation provided by the trafficker. Further information about the types of modern slavery is available in this report: A Typology of Modern Slavery Offences in the UK, 2017.

If you suspect that a patient is a victim of modern slavery please contact the DBTH Safeguarding team for further advice and support – Phone: 01302 642437 or email: dbh-tr.safeguarding@nhs.net

If you have a concern that a patient might be a victim of a human trafficking, take action:

1. Ensure immediate safety – call security, report to the police on 101 or 999 if necessary.
2. Please contact the DBTH Safeguarding team for further advice and support – Phone: 01302 642437 or email: dbh-tr.safeguarding@nhs.net
3. Try and talk to them on their own. This is not always possible but will maximise the chances of them feeling safe enough to disclose to you and seek help. It may be appropriate to ask an accompanying person to leave the room during an examination.
4. Use a professional face-to-face or telephone interpreter if they don't speak English.
5. Address their medical needs as you normally would.
6. Take a broader social history – ask about their diet and occupation in greater depth even if not medically relevant.
7. Once you feel that you have gained trust, ask direct questions: "Are you being

forced to do things you don't want to do?" "Are you paid for the work you do? How much?" "Are you free to leave your job if you wish?" "What would happen if you tried to leave?"

8. Complete a Safeguarding referral via DATIX.
9. Ensure the information disclosed is reported to the police.

Please refer to the Department of Health leaflet for further information and guidance for health care staff: Identifying and supporting victims of modern slavery Guidance for health staff.

4.4 PROFESSIONAL CURIOSITY

Professional curiosity is used to explore and understand what is happening with a person or within a the whole family by adopting a Think Family approach to Safeguarding, rather than making assumptions or accepting things at face value. This requires colleagues to evaluate the information they receive whilst retaining an open mind. It allows a situation to be risk assessed and further referrals made including Police Reporting if a crime has been committed, Mental Health Referrals, Children's Safeguarding Referrals and Carers Assessments.

Professional curiosity requires colleagues to show a willingness to engage and ask direct questions, some of which may make colleagues feel uncomfortable but there is an expectation colleague's work within their scope of practice to ensure adults at risk are appropriately risk assessed. The skill asks that colleagues are authentic in their communication with adults at risk, respond to what you see, hear, and trust your 'gut feeling.'
Reflective conversations enable a curious approach and mitigate the chances of making assumptions or missing crucial information.

4.5 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 **local authority 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 local authority.

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 Local Authority: Emergency Duty Team, (EDT) contactable via 01302 796000.
Nottinghamshire Local Authority: 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.

4.6 SAFEGUARDING ADULTS PROCEDURES

Colleagues 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 they are accommodated at.

4.7 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. Colleagues, 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.

4.8 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 Group, through reports, and

communications such as the 7 Minute briefings, Safeguarding Liaison Meetings, social media and the Buzz.

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

4.9 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. The incident reference number must be recorded in the Safeguarding Adult referral.

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 colleagues do not report a crime, the consequences of any risk to the Adult at Risk will rest with those colleagues,

(*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 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 colleagues 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

Doncaster & Bassetlaw Teaching Hospitals (DBTH) recognises its responsibility to ensure safe working systems are in place for colleagues working with children and adults. The Trust's managing allegations policy will provide a framework for managing allegations made against an employee who may pose a risk to themselves, a child, and an adult at risk or another colleague.

A framework for managing allegations is available and applied in practice nationally and locally, more information is available on the Doncaster Safeguarding Adults Board and Nottinghamshire Safeguarding Adults Board internet page. Please refer to the policy - Managing Allegations against colleagues in the trust (PiPoT & LADO) Doncaster & Bassetlaw Teaching Hospitals, for full guidance.

The Head of Safeguarding / Deputy Head of safeguarding is the lead safeguarding professional for managing allegations when concerns are raised with regards to a colleagues within DBTH, with equal collaboration with HR lead and relevant Divisional leads to appropriately manage the concern. Collectively supporting the responsibility for ensuring compliance with the policy and safeguarding risks are assessed, liaising with partner agencies including notifying the LADO of all allegations of safeguarding concerns in relation to children.

On occasions, colleagues may have concerns about the practice or behavior of another colleague. All Trust members should be aware that they have a duty to report genuine concerns to their Line Manager. If the concerns involve the line manager, colleagues can speak to any other manager or a member of the Safeguarding Team for advice.

Colleagues who are involved in 'Freedom to Speak Up Policy - Speak up to make a difference' processes will be supported through the process, in line with CORP/EMP 14 – Freedom to Speak Up Policy - 'Speak up to make a difference'.

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 36 – Patient Safety Incident Response Policy (PSIRF) 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, colleagues 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 HISTORIC CHILD EXPLOITATION

It is possible that an Adult at Risk may disclose to colleagues that they have in the past been a victim of Child Sexual Exploitation (CSE) or Child criminal Exploitation (CCE). If an adult discloses historical abuse, please contact the Safeguarding Team for further advice.

Child exploitation is when someone uses a child for financial gain, sexual gratification, labour or personal advantage. The Home Office (2022) recognises that 'child exploitation can take a number of different forms and perpetrators may subject children and young people to multiple forms of abuse at the same time, such as criminal exploitation (including county lines) and sexual exploitation'. Please refer to PAT/PS 10 - Safeguarding Children Policy.

Using cruel and violent treatment to force a child to take part in criminal or sexual activities often leads to physical and emotional harm to the child, to the detriment of their physical and mental health, education and social development.

Child Sexual Exploitation (CSE) is a form of child sexual abuse, it occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity in exchange for something the victim needs or wants, or for the financial advantage or increased status of the perpetrator. A victim can still be sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact, it can also occur online and through the use of technology (Working Together 2023).

Child Criminal Exploitation (CCE) occurs when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person to commit crimes for them. It can involve bribery, intimidation, violence and/or threats. CCE does not always involve physical contact; it can also occur through the use of technology.

If you suspect a child is being exploited and is in immediate danger please contact the police on 999. If there is no immediate risk, a referral to Children's Social Care should be made as per the referral process outlined on the HIVE – Safeguarding Children.

The following links provide further multi-agency guidance around assessment of risk associated with child exploitation.

Doncaster - Child Sexual Exploitation Child Criminal Exploitation

Nottinghamshire - Child Sexual Exploitation Child Criminal Exploitation

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.

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.

FGM is illegal in the UK. In England, Wales and Northern Ireland, civil and criminal legislation on FGM is contained in the Female Genital Mutilation Act 2003 ("the 2003 Act").

There are mandatory reporting duties in place for professional that identify young girls and women with FGM. All employees of the Trust have a duty to follow Trust policy and work in line with additional local and national procedures and guidance that has been outlined in the Female Genital Mutilation: Identification, Reporting and Management (PAT/T 64). Escalate to their line manager, other senior manager or member of the Trust safeguarding team any concerns they may have in relation to applying this policy to their practice. Ensure that Safeguarding procedures and processes are followed and safeguarding escalations are undertaken in line with Trust Safeguarding Policies.

Please refer to PAT/T 64 – Female Genital Mutilation: Identification, Reporting and Management document for further information.

5.8 MAPPA 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 MAPPA Nominal can be any gender.

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 MAPPA category and 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 ways to manage the individuals care whilst in hospital, taking into account the risk level. The Safeguarding Team will contact the ward regularly (at agreed intervals) 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 secured safeguarding 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 they are visiting is discharged.

It is important that whilst managing the risk posed by the individual, where possible his/her confidentiality is protected.

It is the responsibility of colleagues 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.***

MAPPA keeping our Communities Safe Leaflet

5.9 PATIENTS LACKING MENTAL CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack mental capacity to make decisions related to the content of this policy. Where Mental Capacity for a specific decision is doubted a decision specific Mental Capacity Assessment should be completed and recorded. Recording on the Trust approved proforma is recommended. In these instances colleagues must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

When supporting those where there is a reason to doubt their decision making ability, the Mental Capacity Act 5 principles should be used in all aspects of their care and support needs, including their safeguarding needs.

The 5 principles are:

1. A presumption of Capacity until assessed as otherwise.

2. Supporting the individual to make their own decisions with extra resources.

3. Accepting unwise decisions, if the person is assessed as having Mental Capacity.

4. Making decisions on a person's behalf should always be in their Best Interests. 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.

5. Any decisions made on behalf of another should be the least restrictive option. A person lacking capacity should not be treated in a manner which can be seen as discriminatory.

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.*

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

6 SEXUAL SAFETY

Sexual safety is defined as feeling safe from any unwanted behaviour of a sexual nature and feeling safe from sexual harm. Sexual safety covers a range of inappropriate sexual behaviour, it includes language of a sexualised nature, sexual harassment, sexual assault, and rape. Some behaviour will be unlawful, some will not. Consequently, there are different, sometimes overlapping, legal and operational processes in play, including employment, safeguarding or police.

In September 2023, NHS England launched the 'Sexual Safety in Healthcare – Organisational Charter' in collaboration with healthcare partners. The charter was developed by NHS England, lived experience organisations, professional bodies, employers and partners across healthcare; this policy has been developed in response to Doncaster & Bassetlaw Teaching Hospital NHS Trust demonstrating a firm commitment to this initiative.

We commit to a zero-tolerance approach to any unwanted, inappropriate and harmful sexual behaviors towards our people, learners and patients and visitor that access our services. At DBTH, we will commit to the following Sexual Safety principles and actions as outlined in the NHS England Charter for sexual safety in healthcare:

1. Actively work to eradicate sexual harassment and abuse within DBTH for our colleagues, learners and patients.
2. Promote a culture that fosters openness and transparency, which does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. Take an intersectional approach to sexual safety at DBTH, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. Provide appropriate support for patients and colleagues at DBTH who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. Clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. Ensure this policy includes how appropriate and timely action against alleged perpetrators can take place and identify support pathways.
7. Ensure appropriate, specific, and clear training is in place to support our workforce.
8. Ensure appropriate reporting mechanisms are in place for those who may experience or witness a sexual safety incident.
9. Take all reports seriously and appropriate and ensure timely action will be taken in all cases.
10. Capture and share data on prevalence and colleagues experience transparently.

PAT/PS 26 – Sexual Safety Policy

7 TRAINING/SUPPORT

Please note: The safeguarding training level requirements of colleagues are aligned by roles and responsibilities. Your direct manager will be able to signpost you to your required level of competency.

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.	Annually	Will be reported to SSG.
Number of safeguarding referrals made.	Safeguarding Team.	Quarterly	Reported via quarterly and annual report to SSG.
Audit of colleague's knowledge.	Safeguarding Team.	Annually	Will be part of the Safeguarding Team audit Plan.
Monitoring of training compliance.	Divisional Leads	Quarterly	Included in Divisional highlight report to SSG.

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 colleagues have a duty to share this information, even if the victim asks them not to. Colleagues 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 CORP/EMP 59 – Equality Diversity and Inclusion Policy.

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
PAT/PS 26 - Sexual Safety Policy
Managing Allegations against Colleagues in the Trust (PiPOT & LADO Process) – This hyperlink will be added once the policy is published.
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

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APPENDIX 1 – SAFEGUARDING TEAM CONTACT DETAILS AND ORGANISATIONAL STRUCTURE

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/
Mental Capacity (MCA)	https://extranet.dbth.nhs.uk/safeguarding/mental-capacity-act-mca/
Domestic Abuse	https://extranet.dbth.nhs.uk/safeguarding/domestic-abuse/
Prevent	https://extranet.dbth.nhs.uk/safeguarding/prevent-2/
Safeguarding Training	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-training/
Safeguarding 7 minute briefing	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-7-minute-briefing/

All Safeguarding Team contact details are available to view on the Hive

APPENDIX 2 – ALLEGATIONS AGAINST THE TRUST FLOWCHART

Escalation Flowchart for 'Allegations against the Trust'

Safeguarding referral received from the Local authority with regards to allegations against the trust.

↓

The Safeguarding team will complete a DATIX and allocate to the Ward manager and Matron to investigate and provide a response. A response is expected within 14 days to meet the local authority thresholds. All governance leads will be added into the DATIX.

↓

There might be a few practical actions that could be taken immediately by the relevant clinical area, to help resolve a Safeguarding allegation.

↓

If the Investigator (Ward Manager / Matron) requires further support or is unable to meet the deadline, please contact the Safeguarding team, within 7 days of the initial DATIX being sent.

↓

If there is no response from the Ward Manager or Matron within 14 days, it will be escalated to the Deputy/Divisional Lead and a response will be expected within 7 days from that escalation date.

↓

When the investigator responds to a DATIX the 'Allegations against the Trust template' should be used. This is located in the documents and templates section in the DATIX. Please attach the completed template to the allocated DATIX.

For any support please contact the safeguarding team on 01302 642437

or email dbh-tr.safeguarding@nhs.net

APPENDIX 3 – EQUALITY IMPACT ASSESSMENT

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.7	Safeguarding Team	Natalie Jacques	Existing Policy	January 2025

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 DBTH Trust colleagues

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

- **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 X	Outcome 2	Outcome 3	Outcome 4

Date for next review: February 2028

Checked by: Amanda Timms **Date:** February 2025