

# Adult Safeguarding Policy

This policy describes the roles and responsibilities of staff in adult safeguarding.

Key Words:	Safeguarding adults	
Version:	7	
Adopted by:	Quality Assurance Committee	
Date Adopted:	16 April 2019	
Name of Author:	Greg Payne Lead Practitioner for Adult Safeguarding	
Name of responsible Committee:	Safeguarding Committee	
Date issued for publication:	April 2019	
Review date:	April 2021	
Expiry date:	1 November 2021	
Target audience:	All LPT employees including bank staff, agency staff, seconded staff and staff on temporary contracts.	
Type of Policy	<b><u>Clinical</u></b>	<b><u>Non Clinical</u></b>
Which Relevant CQC Fundamental Standards?	Regulation 13: Safeguarding service users from abuse and improper treatment.	

# Contents

Contents Page.....	2
VERSION CONTROL.....	4
Equality Statement.....	4
Due Regard.....	5
Definitions that apply to this policy.....	5
<b>THE POLICY-</b>	
1.0 Purpose of the Policy.....	7
2.0 Summary of the Policy.....	7
3.0 Introduction .....	7
4.0 Flowchart; the safeguarding process: raising an alert.....	8
5.0 Duties within the Organisation.....	9
6.0 Principles of Safeguarding.....	10
7.0 Information sharing .....	11
8.0 The Care Act (2014) .....	11
9.0 Making Safeguarding Personal (MSP) .....	12
10.0 Types and patterns of abuse and neglect .....	13
11.0 Prevent .....	14
12.0 Domestic violence/abuse .....	15
13.0 Raising a safeguarding alert .....	15
14.0 The alert process .....	16
15.0 Managing Allegations against People in Positions of Trust (PiPOT).....	21
16.0 Making safeguarding enquiries .....	22
17.0 Self-neglect .....	23
18.0 Vulnerable Adult Risk Management (VARM) .....	24
19.0 Criminal offences and adult safeguarding .....	26

<b>20.0 Ill-treatment and wilful neglect .....</b>	<b>27</b>
<b>21.0 Resolving professional disagreements .....</b>	<b>27</b>
<b>22.0 Historical (non-recent) child abuse allegations .....</b>	<b>28</b>
<b>23.0 Training Needs.....</b>	<b>30</b>
<b>24.0 Monitoring Compliance and Effectiveness.....</b>	<b>30</b>
<b>25.0 Standards/Performance Indicators.....</b>	<b>31</b>
<b>26.0 References and Bibliography.....</b>	<b>31</b>

## **REFERENCES AND ASSOCIATED DOCUMENTATION**

<b>Appendix 1 Policy Training Requirements.....</b>	<b>32</b>
<b>Appendix 2 NHS Constitution Checklist .....</b>	<b>33</b>
<b>Appendix 3 Stakeholder and Consultation.....</b>	<b>34</b>
<b>Appendix 4 Due Regard Screening Template Statement .....</b>	<b>35</b>
<b>Appendix 5 Data Privacy Impact Assessment Screening .....</b>	<b>37</b>

## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Final version	November 2011	Harmonisation of the safeguarding adult policies following TCS.
1	January 2012	Reviewed in the context of Due Regard.
2	January 2013	Removal of appendix 5 – SA6 form
3	February 2014	Review of policy and update on local authority contact numbers.
4	May 2015	To reflect Care Act 2014 guidance and new Safeguarding Adults Multi-Agency Policies and Procedures
5	May 2016	Updated to reflect the LLR Safeguarding Adults Multi-agency policy and procedures Guidance on Police involvement added Guidance on thresholds added Guidance on Safeguarding Strategy Meetings added
6	November 2017	Training element entered into policy to reflect / mirror Children's Safeguarding Policy.
7	January 2019	Reviewed and re-written to reflect current Safeguarding Adults Board procedures.

### For further information contact:

Leicestershire Partnership NHS Trust Safeguarding Team.

### Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

### **Due Regard**

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

### **Definitions that apply to this Policy**

<b>Adult at risk</b>	Person who has needs for care and support (whether or not those needs are being met) who is experiencing or is at risk of abuse or neglect and as a result of those needs is unable to protect himself or herself.
<b>LLR</b>	Leicester, Leicestershire and Rutland.
<b>Safeguarding</b>	Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.
<b>Abuse</b>	Abuse is a violation of an individual's human and civil rights by any other person. Abuse may be a single act or repeated acts. It may be physical, emotional or psychological, it may be an act of omission, discriminatory and organisational or it may occur when an adult at risk is persuaded to enter into a financial, material or a sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur within a relationship and may result in significant harm to, or exploitation of the person subjected to it.
<b>Safeguarding Adults Board (SAB)</b>	The overarching purpose of a SAB is to help safeguard adults with care and support needs. The SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member or partner agencies. LPT is a member of the SAB.
<b>Safeguarding Adults Board (SAB) procedures</b>	The SAB procedures set out the safeguarding principles and procedures agreed to by its partner agencies.
<b>Safeguarding Adults Review (SAR)</b>	A Safeguarding Adults Review (SAR) must be conducted when an adult dies as a result of abuse or neglect and there is a concern that partner agencies could have worked more effectively to protect an adult.
<b>Making Safeguarding Personal (MSP)</b>	Making Safeguarding Personal is about professionals talking with adults and their carers about how they may all respond in safeguarding situations in a way that enhances the adult's involvement, choice and control as well as improving their quality of life, wellbeing and safety. It means professionals seeing adults as experts in their own lives.
<b>Prevent</b>	Prevent is part of CONTEST, the government's counter-terrorism strategy.
<b>Prevent Channel</b>	Multi-agency approach to protect people at risk from radicalisation.

<b>PIPOT</b>	These arrangements apply where a person works, or volunteers, with adults who have care and support needs and who, in connection with their personal life is are alleged to have committed a criminal offence against, or involving another person, or is alleged to have conducted themselves in a manner that might indicate that they are unsuitable to continue to work, or volunteer, with adults who have care and support needs.
<b>VARM</b>	The Vulnerable Adult Risk Management (VARM) guidance seeks to provide professionals with a framework to facilitate effective working with adults who have mental capacity who are at risk due to self-neglect, where that risk may lead to significant harm or death and the risks are not effectively managed via other processes or interventions.

## **1.0. Purpose of the Policy**

The purpose of this policy is to provide a framework for action at an operational and practice level.

The aim of this policy is reflect the commitment by Leicestershire Partnership NHS Trust to the principles of adult safeguarding and to working collaboratively across agencies to safeguard adults at risk from abuse or neglect by:

- Ensuring the needs and interests of adults at risk are always respected and upheld.
- Ensuring the human rights of adults at risk are respected and upheld.
- Working to ensure that a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse or neglect.
- Ensuring all actions are taken in line with the Mental Capacity Act (2005).

**This policy should be read in conjunction with the LLR Safeguarding Adults Board procedures which can be found at [www.llradultsafeguarding.co.uk](http://www.llradultsafeguarding.co.uk).**

## **2.0. Summary and Key Points**

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible.
- Prevent harm or reduce risk of abuse and neglect for those adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving the life of the adult concerned.
- Provide information and support to help people understand abuse, how to stay safe and how to raise concerns.
- Address the causes of abuse.

## **3.0. Introduction**

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

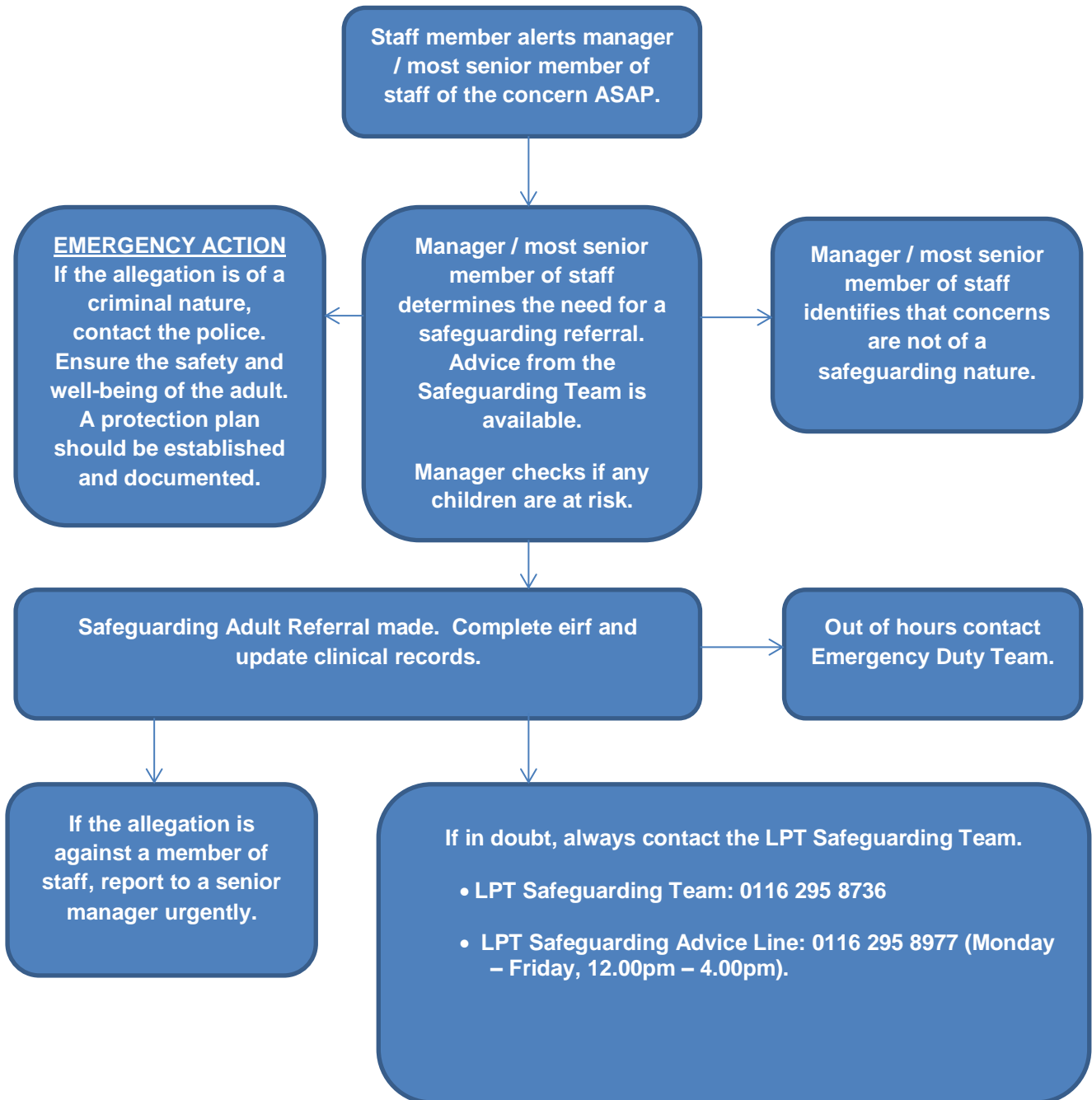
The duty to safeguard applies to an adult who;

- Has the needs for care and support, whether they are being met or not, 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.

Where someone is 18 or over but is still supported by children’s services and a safeguarding concern is raised, the matter should be dealt with through adult safeguarding arrangements.

#### 4.0. The safeguarding process; raising an alert





## **5.0. Duties within the organisation**

- 5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 5.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 5.3 The Trust Safeguarding Committee has oversight of safeguarding processes and assurances and receives reports from directorate level safeguarding sub-committees.
- 5.4 Divisional level safeguarding sub-committees have oversight of safeguarding enquiries undertaken within their services and ensure that learning from safeguarding enquiries is taken forward.
- 5.5 The Trust Safeguarding Team undertakes safeguarding enquiries, provides safeguarding advice, delivers safeguarding training and reviews all incidents reported in the Trust. The Safeguarding Team is responsible for undertaking a programme of internal and external safeguarding audits and assurance processes.
- 5.6 Divisional Directors and Heads of Service are responsible for ensuring that arrangements are in place for adherence to this policy and how policies and procedures are managed within their own department or service.
- 5.7 Managers and Team leaders are responsible for ensuring policies and procedures are followed and understood as appropriate to each staff member's role and function.
- 5.8 Responsibility of staff is to be aware that despite the above responsibilities of senior staff, every staff member has an individual duty to ensure that they know where to locate policies and procedures and that they adhere to those policies and procedures.

All staff have a duty to co-operate with safeguarding investigations, including those completed under section 42 of the Care Act (2014), Domestic Homicide Reviews (DHRs) and Safeguarding Adults Reviews (SARs).

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. The adult's consent to safeguarding referrals and enquiries should be sought and where the adult lacks capacity to give informed consent, the relevant process in the Mental Capacity Act (2005) should be followed. Consent can be given verbally and/or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded.

Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;

- Understand information about the decision
- Retain that information
- Use the information to make the decision
- Communicate the decision

### Organogram



### 6.0. Principles of adult safeguarding

There are six principles of adult safeguarding. The principles should inform the ways in which professionals work with adults. They are:

- **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 presented.
- **Protection:** support and representation for those in greatest need.
- **Partnership:** local solutions through services working with their communities.
- **Accountability:** accountability and transparency in delivering safeguarding.

## 7.0. Information sharing

The Leicester and Leicestershire Safeguarding Adults Boards provide an Information Sharing Agreement. Leicestershire Partnership NHS Trust is a signatory to this agreement. The full agreement can be viewed at [www.lradultsafeguarding.co.uk](http://www.lradultsafeguarding.co.uk). Search 'information sharing agreement'.

It is important to remember that;

- Confidentiality must not be confused with secrecy.
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse and neglect, 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.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the interests of an adult. If it appears to an employee that such confidentiality rules may be operating against the interests of adults at risk of abuse or neglect then a duty arise to make a full disclosure.

## 8.0. The Care Act (2014)

The Care Act (2014) came into effect on 1<sup>st</sup> April 2015. The Act unites a number of different Acts into one legislative framework for adults with care and support needs and their carers. It also introduced duties and requirements for local authorities in a number of areas, including adult safeguarding. Each local authority must;

- Make enquiries, or ensure others do so, if it believes an adult is experiencing or at risk of abuse or neglect.
- Set up a Safeguarding Adults Board (SAB).
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adults review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.
- Cooperate with each of its relevant partners, including Leicestershire Partnership NHS Trust, in order to protect adults experiencing or at risk of abuse or neglect.

The Department of Health and Social Care publishes Care and Support Statutory Guidance which can be located at [www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance).

The Care Act (2014) signals a major shift in safeguarding practice with a move away from a process led culture, to ensure a person centred approach which achieves the outcomes that people want.

## **9.0. Making safeguarding personal (MSP)**

Making Safeguarding Personal is about professionals talking with adults and their carers about how they may all respond in safeguarding situations in a way that enhances the adult's involvement, choice and control as well as improving their quality of life, wellbeing and safety. It means professionals seeing adults as experts in their own lives.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on investigation and conclusion.
- An approach that enables staff, families and the person to know what difference has been made.

Making Safeguarding Personal can be split into a number of key areas:

- Effectiveness; a shift in culture and practice in what makes safeguarding more or less effective from the perspective of the person being safeguarded.
- Person led and outcome focused; engage the person being safeguarded in a conversation about how to best respond to their safeguarding situation.
- Improving outcomes; facilitate a shift in safeguarding practice from undertaking a process to a commitment to improving outcomes for people experiencing neglect or abuse.
- Person-centred; encourage practice that puts the person in control.

Leicestershire Partnership NHS Trust employees should apply the principles of MSP to all safeguarding interventions. For example, where a possible safeguarding concern is identified, the member of staff should where possible discuss this with the person prior to making any safeguarding referrals or actions. The focus of this conversation should be to establish what actions outcomes the person wants in response to the concern. It may be that the actions and outcomes identified cannot be achieved, but the person's wishes should be acknowledged and recorded. The completion of MSP actions should not delay any safeguarding actions required to maintain the patient's safety.

Some patients may lack the mental capacity to make the decision to consent to engage in the MSP process. In this scenario a mental capacity assessment should

be completed and recorded. If the patient lacks the mental capacity to consent to the MSP process, staff should seek to consult with any donee of a Lasting Power of Attorney and where there is no such arrangement; a best interest's decision should be made regarding who to consult with on the patient's behalf. Staff can consult with family and friends. In addition, patients who lack the capacity to consent to engage in safeguarding enquiries can be referred for support from a Care Act advocate. More information regarding Care Act advocacy, including how to make referrals, can be found at <https://pohwer.net/care-act-advocacy>.

Where a safeguarding enquiry is being carried out within a Leicestershire Partnership NHS Trust in-patient service under section 42 of the Care Act (2014), the MSP process will be completed by the LPT Safeguarding Team.

## 10.0. Types and patterns of abuse and neglect

For the purpose of this policy, the term of abuse is defined as;

- A violation of an individual's human and civil rights by any other person or persons which may result in significant harm.

Abuse may be;

- A single act or repeated acts;
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult may be neglected and financially abused.
- Perpetrated through any medium, including online abuse.

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place. Intent is not necessarily an issue at the point of deciding whether an act or failure to act constitutes abuse. Acts of abuse can constitute a criminal offence.

Patterns of abuse vary and include:

- Serial abuse; in which the perpetrator seeks out and 'grooms' individuals.
- Long term abuse; in the context of an ongoing family relationship for example.
- Opportunistic abuse; such as theft occurring because valuables have been left lying around.

Abuse can be viewed in terms of the following categories;

- **Physical abuse** including hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions, inappropriate methods of restraint and unlawfully depriving a person of their liberty.

- **Sexual abuse** including rape , sexual assault or any sexual act that the adult has not consented to or could not consent to, or was pressured into. It is a criminal offence to share sexual images of an adult without their consent.
- **Psychological abuse** including emotional abuse taking the form of threats, humiliation, rejection, blaming, controlling, intimidation, coercion, harassment, and verbal abuse.
- **Financial or material abuse** including theft, fraud, exploitation, internet scamming and pressure or coercion in connection with an adult's financial affairs.
- **Neglect and acts of omission** including ignoring medical or physical care needs, failure to provide access to appropriate health services, and the withholding of the necessities of life such as medication, adequate nutrition and heating.
- **Discriminatory abuse** including discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views. This category includes hate crime which is any incident or criminal offence motivated by hostility or prejudice based on the victim's protected characteristics.
- **Organisational abuse** which is defined as the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use.
- **Modern slavery** which encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Self-neglect** including a wide range of behaviour that threatens the person's own health and safety.
- **Domestic abuse and violence** which is defined as any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners or family members regardless of gender or sexuality.

## 11.0. Prevent

Leicestershire Partnership NHS Trust is committed to ensuring vulnerable individuals are safeguarded from being radicalised into violent extremism and supporting or becoming terrorists themselves. Those working in the health sector must work towards and show due regard for helping prevent people from becoming radicalised.

All employees have an individual responsibility to ensure that they;

- Identify people who could be considered vulnerable to radicalisation and being drawn into violent extremism.
- Be aware of the support which is available and be confident in referring people

into Prevent Case Management / Channel processes and providing them with appropriate clinical support.

- Incident report accordingly.

Full guidance can be found in the LPT Prevent Policy.

## **12.0. Domestic violence / abuse**

Domestic violence / abuse is any 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 family members regardless of gender or sexuality.

Guidance regarding how to respond to domestic violence / abuse can be found in the LPT policy; Responding to Domestic Violence / Abuse Experienced by Clients.

## **13.0. Raising a safeguarding alert**

An alert is made with the lead agency for the safeguarding process to raise concerns that an adult is experiencing, or at risk of abuse and neglect. An alert may arise as a result of a disclosure, an incident, or other signs or indicators. The purpose of the alert is to bring to the attention of the lead agency for the safeguarding process.

Any Leicestershire Partnership NHS Trust employee can raise an alert. Wherever possible, the alert should be first raised with the line manager but where this may cause a delay, an alert should be made to the lead agency as described below.

In Leicester, Leicestershire and Rutland all alerts should be made to the lead agency, which is Leicester City Council, Leicestershire County Council or Rutland County Council, depending on where abuse has occurred. Contact details are as follows;

- Leicester City Council: 0116 454 1004
- Leicestershire County Council: 0116 305 0004
- Leicestershire Safeguarding Team Duty: 0116 305 4933
- Rutland County Council: 01572 758 341

The exception to this will be those alerts which relate to abuse or neglect which has occurred in an in-patient setting in either University Hospitals NHS Trust or Leicestershire Partnership NHS Trust. In these circumstances alerts can be raised with the relevant local authority but usually in the first instance the alert should be raised with the Leicestershire Partnership NHS Trust Safeguarding Team. Alerts should be raised by submitting an e-irf. When submitting the e-irf the author should ensure that the correct cause group and the safeguarding questionnaire must be completed.

The following contact details can be used;

- LPT Safeguarding Team: 0116 295 8736
- LPT Safeguarding Advice Line: 0116 295 8977 (Monday – Friday, 12.00pm – 4.00pm).

Alerts relating to abuse or neglect in respect of other NHS staff and settings should be raised with the relevant local authority.

If the alert needs to be raised outside of normal working hours and cannot wait for a response until the next working day, it should be reported to the Emergency Duty Team:

- Emergency Duty Team: 0116 255 1606

In the event of a safeguarding concern being identified, the first priority should always be to ensure the safety and well-being of the adult. Where possible, a protection plan should be established and documented.

All safeguarding alerts should be incident reported.

## **14.0. The alert process**

### **14.1. Acting to protect the adult and manage immediate needs**

On identifying a safeguarding concern, staff should;

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Consider whether an immediate protection plan is required. Are there any other adults who need to be safeguarded?
- Consider supporting and encouraging the adult to contact the police if a crime has been or may have been committed. If the person is unable or unwilling to contact the police, immediate consideration must be given as to whether this needs to be done on their behalf.
- If the matter is to be referred to the police, discuss risk management and any potential consideration of evidence and preservation of any crime scene with the police.
- Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room.
- Take action in line with the Trust's disciplinary procedures if a member of staff is considered to have caused harm. Further guidance can be found in the



Allegations that an Employee / Bank Worker may be harming a Child, Young Person or an Adult at Risk, Policy and Procedure.

- Contact the local authority's children's services if a child is also at risk. Guidance can be found in the Children's Safeguarding policy and procedures.

#### **14.2. Responding to an adult who is making a disclosure**

Where an adult makes a disclosure;

- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can.
- Avoid asking leading questions.
- Do not give promises of complete confidentiality.
- Explain that you have a duty to tell your manager or other designated person, and that the concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen.
- Explain that you will try to take steps to protect them from further abuse or neglect.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.
- Do not be judgemental or jump to conclusions.

#### **14.3. Reporting to a line manager**

If you are concerned that a member of staff, or any other person including another patient has abused an adult, you have a duty to report these concerns. You must inform your line manager immediately. If your line manager is unavailable you should inform another appropriate manager within your organisation.

If you are concerned that your line manager has abused an adult you must inform a senior manager, or contact the LPT Safeguarding Team.

When a concern has been raised with a line manager they should decide on an appropriate course of action.

#### **14.4. Taking immediate management action to identify and address the risk**

Once the concern has been raised with the appropriate manager, they must decide without delay on the most appropriate course of action. Services should ensure that

cover arrangements are in place so that a line manager is always available.

#### **14.5. Supporting immediate needs**

The alerting member of staff may need to take the following actions;

- Make an immediate evaluation of the risk to the adult.
- Take reasonable and practical steps to safeguard the adult as appropriate.
- Consider referring to the police if the suspected abuse is a crime.
- If the matter is referred to the police, discuss risk management and any potential forensic considerations with the police.
- Arrange any necessary emergency medical treatment. Note, that offences of a sexual nature will require expert advice from police.
- Make sure that other people are not at risk.
- Take action in line with the Leicestershire Partnership NHS Trust Allegations that an Employee / Bank Worker may be harming a Child, Young Person or an Adult at Risk, Policy and Procedure if a member of staff is alleged to have caused harm.

#### **14.6. Speaking to the adult**

It may be appropriate to speak to the adult regarding the safeguarding concern. Wherever possible this should be done in consultation with either the local authority, the police or the LPT Safeguarding Team. Consider the following;

- Speak to the adult in a private and safe place. It is essential to ensure that the person alleged to have caused harm is not present.
- Get the adult's views on what has happened and what they want done about it.
- Give the adult information about the safeguarding adults' process and how it could make them safer.
- Explain confidentiality issues.
- Explain how the adult will be kept informed and how they will be supported.
- Identify any communication needs and personal care arrangements.
- Discuss what could be done to ensure safety.

#### **14.7. Record keeping**

It is essential that a written record is made as soon as information is obtained.

Written records must reflect as accurately as possible what was said and done by the people involved either as the victim, suspect or potential witnesses. The record should be factual. If it contains opinion, this should be clearly stated as such and backed up by evidence. Information provided by another person should be clearly attributed to them.

Records should include:

- Date and time of the incident.
- The appearance and behaviour of the adult.
- Any injuries observed, including a body map where appropriate.
- Exactly what the adult said, using their words, about the abuse and how it occurred.
- The views and wishes of the adult.
- Any actions and decisions taken.
- Exactly what you saw if you witnessed the incident.
- A record of what any witnesses said.
- The name and signature of the person making the record.

#### **14.8. Considering the person alleged to have caused harm**

The alerter should not discuss the concern with the person alleged to have caused harm unless the immediate welfare of the adult makes this unavoidable.

If the person causing harm is another service user action should be taken to remove them from contact with the adult.

It is important to ensure that any employee who has caused risk or harm is not in contact with service users and other who may be at risk. The alerter and managers should refer to the Allegations that an Employee / Bank Worker may be harming a Child, Young Person or an Adult at Risk, Policy and Procedure.

#### **14.9. Factors to consider when raising an alert**

- Is there any doubt about the mental capacity of the adult to make decisions about their own safety?
- How vulnerable is the adult?
- What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?

- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts involving the person causing harm?
- Are any children at risk?

#### **14.10. Obtaining consent**

The ability of the adult to give their informed consent to an alert being made and action being taken under this policy is significant. Any employee proposing to raise a safeguarding alert should seek the consent of the adult concerned. Employees should refer to the LPT Consent to Examination or Treatment policy.

To provide informed consent to the alert, the adult must have the mental capacity. Employees should refer to the LPT Mental Capacity Act policy for guidance.

If it is deemed the person has capacity to make this decision, and others are not felt to be at risk as a result of not sharing the information, this should be documented in the patient record outlining the reasons this conclusion has been reached.

#### **14.11. Raising a safeguarding alert without consent**

If there is an overriding public interest, or if gaining consent would put the adult at further risk, an alert should be made. This includes situations where;

- The individual could be at risk of further harm.
- Other people, including children, could be at risk of harm.
- It is necessary to prevent crime or if a serious crime may have been committed.
- There is a high risk to the health and safety of the adult.

The person should be informed of the decision to raise an alert without their consent unless telling them would jeopardise their safety or the safety of others. If consent is being over-ridden, this needs to be documented in the patient records, stating what information is being shared and the rationale for the decision to override.

Where the person is assessed as not having the mental capacity to make decisions about their safety, a decision should be made in their best interests. Employees

should refer to the LPT Mental Capacity Act policy for guidance.

#### **14.12. Preserving evidence**

The police will always be responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm and should be contacted immediately.

- Try not to disturb the scene if at all possible.
- If the allegation or disclosure concerns a possible sexual assault, discourage the adult from washing, showering or bathing, or from washing their clothes.
- Secure the scene.
- Preserve all containers, documents and locations.
- If in doubt contact the police and ask for advice.

#### **14.13. Who else should be informed apart from the lead agency?**

- An e-irf should be submitted for all safeguarding alerts.
- The employee's line manager, or deputy, should be informed.
- If a crime has been committed, the police should be informed.

#### **15.0. Managing Allegations against People in Positions of Trust (PiPoT)**

These arrangements apply where a person works, or volunteers, with adults who have care and support needs and who, in connection with their personal life is;

- Alleged to have committed a criminal offence against, or involving another person, or is
- Alleged to have conducted themselves in a manner that might indicate that they are unsuitable to continue to work, or volunteer, with adults who have care and support needs.

The process may also be used where a person who works or volunteers with adults who have care and support needs and has themselves been subject to abuse such that their ability to safeguard vulnerable people in their care requires consideration.

A Leicestershire Partnership NHS Trust employee can use the PiPoT process where they have identified a concern regarding a person working for another organisation.

## **15.1. The PiPoT process in Leicestershire Partnership NHS Trust**

In the first instance, where a concern is identified as per paragraph 13.0, the matter should be reported to the person's line manager.

In response the line manager should gather the relevant information required to establish if there is a reason for the PiPoT process to be instigated.

Where the subject of the PiPoT process is employed by Leicestershire Partnership NHS Trust, the line should also adhere to the Allegations that an Employee / Bank Worker may be harming a Child, Young Person or an Adult at Risk, Policy and Procedure.

Where the line manager concludes that a PiPoT referral is required, this should be action through the Leicestershire Partnership NHS Trust Safeguarding Team. The following contact details can be used;

- LPT Safeguarding Team: 0116 295 8736
- LPT Safeguarding Advice Line: 0116 295 8977 (Monday – Friday, 12.00pm – 4.00pm).

## **16.0. Making safeguarding enquiries**

Safeguarding enquiries should not be instigated where they may conflict with or compromise an ongoing criminal investigation, as described in paragraph 19 of this policy.

The objectives of a safeguarding enquiry are to;

- Establish the facts.
- Ascertain the individual's views and wishes and seek consent.
- Assess the needs for the adult for protection, support and redress.
- Make decisions as to what follow up action should be taken with regard to the person or the organisation responsible for the abuse or neglect.

In the event of a safeguarding concern being identified, the first priority should always be to ensure the safety and well-being of the adult. The safeguarding process should be experienced as empowering and supportive, not as controlling and disempowering. Consent of the individual should be sought before taking action or sharing personal information. Where consent cannot be gained because the person lacks the mental capacity, the best interests of the individual or of other others may demand action.

## **16.1. LLR Safeguarding Adults Thresholds Guidance**

When a safeguarding alert is raised, the lead agency will apply the LLR Safeguarding Adults Thresholds Guidance. This guidance seeks to support decision making in lead agencies about whether the alert may require further safeguarding adults enquiries. Further safeguarding enquiries may be made as defined under Section 42 of the Care Act (2014); an enquiry is any action that is taken (or instigated) by a local authority in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

In Leicestershire Partnership NHS Trust the Thresholds Guidance is applied by the Leicestershire Partnership NHS Trust Safeguarding Team in response to receiving a safeguarding alert relating to in-patient services. Where the Thresholds Guidance indicates that further safeguarding enquiries for in-patient services should be completed in accordance with Section 42 of the Care Act (2014), these enquiries will be undertaken by the Leicestershire Partnership NHS Trust Safeguarding Team.

The Thresholds Guidance is a live document subject to continuous change. The guidance can be viewed at [www.llradultsafeguarding.co.uk](http://www.llradultsafeguarding.co.uk).

## **16.2. Strategy discussion or meeting**

Where further safeguarding enquiries are undertaken, the lead agency will hold a strategy discussion or meeting. The purpose of the discussion or meeting is to assess the immediate risk to the person, ensure that an interim protection plan is in place and to agree how the enquiry will be managed.

If an employee is requested to take part in a strategy discussion or meeting by a lead agency, this should be given priority.

Consequent to a strategy discussion or meeting actions may be allocated to Leicestershire Partnership NHS Trust. These should be actioned accordingly and an appropriate record kept.

## **17.0. Self-neglect**

Self-neglect differs from other forms of abuse because it does not involve a perpetrator. Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act 2014 includes self-neglect as a category under different types of abuse but notes that it may not always result in a safeguarding enquiry;

‘Self-neglect: This covers a wide range of behaviour neglecting care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

It should also be noted that self-neglect may not prompt a section 42 enquiry' (14.17)

The starting point for working with adults at risk of or suffering from self-neglect should be negotiation and relationship building.

The issue of self-neglect should always be considered in relation to the adult's mental capacity. It is vital to assess the adult's capacity to make decisions about their safety and well-being prior to considering any interventions.

### **17.1. Adults who do not have mental capacity**

Where the adult lacks the mental capacity to make decisions regarding their safety and well-being, the actions prescribed by the Mental Capacity Act (2005) should be followed. Leicestershire Partnership NHS Trust employees should check for any Lasting Powers of Attorney or Advance Decisions to Refuse Treatment which may be relevant before making decisions in the adult's best interests.

### **17.2. Adults who have mental capacity**

Self-neglect is a complex phenomenon and great emphasis should be given to assessing the adult's unique circumstances and their perception of the situation.

There are a number of initial steps that professionals should take;

- Talk to the adult about the concerns to ascertain their views and wishes.
- Find out what is happening in the adult's life which may be contributing to the self-neglect.
- Conduct a risk assessment.
- Check as to whether there are any issues of undue influence, pressure or exploitation.
- Seek to build a positive relationship based on consensus and negotiation.

### **18.0. Vulnerable Adult Risk Management (VARM)**

The Vulnerable Adult Risk Management (VARM) guidance seeks to provide professionals with a framework to facilitate effective working with adults who have mental capacity who are at risk due to self-neglect, where that risk may lead to significant harm or death and the risks are not effectively managed via other processes or interventions. The VARM guidance is used when the adult refuses to engage with services.



## **18.1. Limitations of Vulnerable Adult Risk Management (VARM)**

If the risk from self-neglect is not at the level which may lead to significant harm or death then the VARM guidance should not be used.

The VARM guidance is only to be used where the adult has the mental capacity to make decisions regarding the risks but continues to place themselves at risk of serious harm or death.

## **18.2. The VARM support planning meeting**

Where an adult at risk meets the criteria for the VARM guidance, the practitioner initiating the VARM process should arrange a support planning meeting. Invitees to the meeting should be determined on a case by case basis but would ordinarily involve representatives from all key agencies.

The support planning meeting in developing a VARM support plan should do the following;

- Record when, where and by whom the capacity assessment was carried out.
- Record whether the adult has consented to the information about them being shared within the VARM process and if they have not, the reasons why it is felt necessary to share information.
- Document evidence-based risk factors of significant harm and threat to life.
- Record the adult's desired outcomes.
- Record what needs to change to support safety and reduce risk.
- Consider all options for encouraging engagement with the adult.
- Consider where relevant the support that carers might require.
- Develop a support plan with clear actions and timescales.
- Consider contingency arrangements if the support plan is unsuccessful.
- Set clear review dates and times.
- Ensure notes from the meeting are accurately recorded and circulated within 10 working days of the meeting.
- Consider which professional is best placed to engage the adult.

### **18.3. Test resistance**

Having established a support plan, the adult's resistance to engagement should be tested by the introduction of the support plan by the person or agency most likely to succeed.

### **18.4. Review**

If the plan is rejected by the adult, the support planning meeting should reconvene to discuss and review the plan. The case should not be closed simply because the adult is refusing to accept the support plan.

### **18.5. Closure**

There must be agreement by all professionals involved in the case that the VARM process is no longer required before the process can be closed. The main reasons for closure would be;

- The adult is now engaging with professionals to reduce the risks.
- The risk is reduced to a level that there is no longer a risk of significant harm or death.
- The adult at risk is deceased.

Further guidance regarding the VARM process can be found at [www.llradultsafeguarding.co.uk](http://www.llradultsafeguarding.co.uk).

## **19.0. Criminal offences and adult safeguarding**

Everyone is entitled to be protected by the law and have access to justice. In adult safeguarding cases, where criminal activity is suspected involving the police as soon as possible is likely to be beneficial. Early discussion with the police will enable the police to establish whether a criminal offence has been committed and will help to ensure that forensic evidence is not lost or contaminated.

Behaviour which amounts to abuse and neglect may also constitute a criminal offence, for example;

- Physical or sexual assault
- Hate crime
- Wilful neglect

- Unlawful imprisonment
- Theft and fraud
- Certain forms of discrimination

## **20.0. Ill treatment and wilful neglect**

Under section 20 of the Criminal Justice and Courts Act (2015) it is a criminal offence for an individual to ill-treat or wilfully neglect another individual of whom s/he has the care by virtue of being a care worker. A 'care worker' is defined as anyone who, as paid work, provides health care for children or adults.

The 'wilful' element of the neglect offence suggests that the perpetrator has acted deliberately or recklessly. Similarly, 'ill-treatment' is a deliberate act.

## **21.0. Resolving professional disagreements**

At no time must professional dissent detract from ensuring that the adult is safeguarded. The adult's welfare and safety must remain paramount throughout.

Disagreements over the management of concerns reported to adult social care may occur when;

- The referral is not considered to meet the eligibility criteria for assessment by adult social care.
- Adult social care concludes that further information should be sought by the referrer before the referral is progressed.
- There is disagreement as to whether adult safeguarding procedures should be invoked.
- There is disagreement regarding the closure of a safeguarding adults enquiry.

In the event of such disagreements arising, input can be sought from the Leicestershire Partnership NHS Trust Safeguarding Team. Support should also be sought from the line manager.

If a resolution cannot be reached, consideration should be given to convening a meeting involving all parties to discuss the situation.

If professional agreements remain unresolved, the matter must be referred to the Safeguarding Adults Board representative for each agency.

## **22.0. Historical (non-recent) child abuse allegations**

Allegations of child abuse are sometimes made many years after the abuse has occurred. It is important to consider forensic evidence which can still be recovered decades later from certain scenes and other sources such as photographs and electronic storage.

The response to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused children in the past will have continued and may still be doing so.
- Other children may still be at risk.
- Criminal prosecutions may still take place despite the fact that the allegations are historical in nature and may have taken place many years ago.

Further guidance can be found in the Children's Safeguarding Policy.

### **22.1. Action to safeguard**

As soon as it is apparent that an adult is revealing childhood abuse, the professional must explain that the relevant information will need to be shared with the police in order to safeguard children.

The professional should establish if the person making the disclosure is aware of the current or recent whereabouts of the alleged perpetrator and whether or not they have had recent or current contact with children.

Whilst an adult should be asked whether they want a police investigation it should be made clear that dependent on the nature of the information provided, the information may need to be shared if it will help to protect children.

Flowchart for responding to disclosure of historical abuse

Historical abuse disclosed and identity of perpetrator disclosed.

Historical abuse disclosed but identity of perpetrator not disclosed.

Ascertain urgently if alleged perpetrator is working with, volunteering or in contact with children.

No identifying factors or perpetrator deceased.

In contact with, working or volunteering with children.

Not known to be in contact with children.

Identity disclosed.

Identity not disclosed but identifying factors e.g. relationship

No referral Offer support.

Refer to children's social care in the area where perpetrator known to have contact with children.

Advise the client that information will need to be shared with the police (101) in order to safeguard children. Adult client will be contacted by police to give information and be advised on options. They can choose whether they want to be involved with any criminal investigation.

Ensure therapeutic needs of the disclosing adult are addressed and give reassurance that they have been believed and it will be investigated.

## 23.0. Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training.

Safeguarding children and adults level 1 is included in the core mandatory e-learning training. This should be undertaken by all members of staff and renewed every 3 years.

Whole Family Safeguarding training is a classroom session which incorporates safeguarding adults' level 2 and safeguarding children levels 2 & 3. All clinical staff must attend this course every 3 years.

A record of the event will be recorded on u-Learn.

The governance group responsible for monitoring the training is the Safeguarding Committee.

## 24.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1	Training compliance rates 85% target.	Training records.	Mandatory training flash report.	Safeguarding Committee.	Monthly.
2	Staff knowledge and confidence in safeguarding adults' procedures.	Trust-wide adult safeguarding audit.	Audit.	Safeguarding Committee.	Annually.
3	Quarterly quality reports.	Compliance against agreed SAFF.	Report to CCG / SAB.	Safeguarding Committee.	Quarterly.
4	Implementation of Making Safeguarding Personal (MSP).	MSP evaluation report.	Report to Safeguarding Committee.	Safeguarding Committee.	Quarterly.

## 25.0. Standards / Performance Indicators.

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
All relevant staff to be compliant with mandatory safeguarding training as defined in this policy.	Training compliance rates for all relevant groups to remain at a minimum of 85% compliance.
All staff understand when safeguarding alerts should be raised and how this should be done.	All safeguarding incidents reported correctly through e-irf system.
Section 42 enquiries devolved to LPT to be undertaken in accordance with the oversight agreement.	All devolved section 42 safeguarding enquiries to be completed with 28 working days.
Strategy meetings / discussions to be completed in line with SAB expectations.	Strategy meetings / discussions if required to be undertaken with 24 hours of the incident.
Implementation of Making Safeguarding Personal.	Engaging the person being safeguarded in a conversation about how to best respond to their safeguarding situation.

## 26.0. References and Bibliography

This policy was drafted with reference to the following:

- Leicester, Leicestershire and Rutland Multi-Agency Safeguarding Adults Policies and Procedures; Information Sharing Agreement and Guidance (2017).
- Statutory guidance; Care and support statutory guidance. Department of Health and Social Care, 2018.
- Leicester, Leicestershire and Rutland Vulnerable Adult Risk Management (VARM) Guidance, 2018, Leicester Safeguarding Adults Board & Safeguarding Adults Board Leicestershire & Rutland.
- Mental Capacity Act Code of Practice (2007), Department of Constitutional Affairs, London, TSO.

## Training Needs Analysis

<b>Training topic:</b>	Safeguarding Adults
<b>Type of training:</b> (see study leave policy)	<input type="checkbox"/> <b><u>Mandatory (must be on mandatory training register)</u></b> <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
<b>Division(s) to which the training is applicable:</b>	<input type="checkbox"/> <b><u>Adult Mental Health &amp; Learning Disability Services</u></b> <input type="checkbox"/> <b><u>Community Health Services</u></b> <input type="checkbox"/> <b><u>Enabling Services</u></b> <input type="checkbox"/> <b><u>Families Young People Children</u></b> <input type="checkbox"/> <b><u>Hosted Services</u></b>
<b>Staff groups who require the training:</b>	All employees.
<b>Regularity of Update requirement:</b>	3 yearly.
<b>Who is responsible for delivery of this training?</b>	Trust Safeguarding Team.
<b>Have resources been identified?</b>	Yes.
<b>Has a training plan been agreed?</b>	Yes.
<b>Where will completion of this training be recorded?</b>	<input type="checkbox"/> <b><u>ULearn</u></b> <input type="checkbox"/> Other (please specify)
<b>How is this training going to be monitored?</b>	Monthly training flash reports provided by workforce.



### The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	X
<b>Respond to different needs of different sectors of the population</b>	X
<b>Work continuously to improve quality services and to minimise errors</b>	X
<b>Support and value its staff</b>	X
<b>Work together with others to ensure a seamless service for patients</b>	X
<b>Help keep people healthy and work to reduce health inequalities</b>	X
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	X

## Stakeholders and Consultation

### Key individuals involved in developing the document


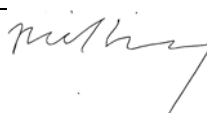
Name	Designation
Greg Payne	Lead Practitioner for Adult Safeguarding

### Circulated to the following individuals for comment

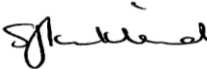
Name	Designation
Anne Scott	Deputy Chief Nurse
Neil King	Trust Safeguarding Lead
Dean Cessford	Senior Safeguarding Practitioner
Zahra Makhany	Senior Safeguarding Practitioner
Leon Herbert	Prevent Co-ordinator
Carolyn Corbett	Lead Practitioner Children's Safeguarding
Laura Belshaw	Deputy Head of Service
Rebecca Colledge	Community Manager
Michelle Churchard	Head of Nursing AMH / LD
Pauline Lewitt	Freedom To Speak Up Guardian
Sarah Latham	Lead Nurse Community Hospitals
Sarah Clements	Matron
Caroline Barclay	Nurse Consultant
Lynne Moore	Senior Matron
Louise Short	Inpatient Team Manager
Elizabeth Compton	Senior Matron
Jane Capes	Senior Matron
Claire Armitage	Lead Nurse AMH
Christina Brooks	Clinical Governance Manager
Deanne Rennie	Deputy Clinical Director
Emma Wallis	Associate Director of Nursing and Professional Practice
Dr Ganesh Kunjithapatham	Consultant Psychiatrist
Sandra Marshall	Team Manager
Martin Bhurruth	Principle Adult Psychotherapist / Therapeutic Community Lead
Jo Nicholls	Trust Lead for Quality, Risk and Patient Safety.
Rebecca Monaghan	Clinical Governance Lead FYPC
Lois Dugmore	Nurse Consultant, Dual Diagnosis
Sally Clare	Specialist Nurse Domestic Violence

## Due Regard Screening Template

Section 1	
<b>Name of activity/proposal</b>	Safeguarding Adults Policy
<b>Date Screening commenced</b>	January 2019
<b>Directorate / Service carrying out the assessment</b>	Safeguarding Team
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Greg Payne
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>	
<b>AIMS:</b>	
This policy describes the principles & procedures of adult safeguarding and staff roles & responsibilities in applying this within clinical practice.	
<b>OBJECTIVES:</b>	
The policy objective is for Leicestershire Partnership NHS Trust to meet its adult safeguarding responsibilities. Adherence to this policy will ensure that no differential treatment will occur as a result of a person's protected characteristic.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Disability	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Gender reassignment	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Marriage & Civil Partnership	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Pregnancy & Maternity	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Race	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Religion and Belief	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Sex	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.
Sexual Orientation	This policy applies to all groups with no exceptions in line with

	the human rights approach as set out in LPT's Equality & Diversity policy.		
Other equality groups?	This policy applies to all groups with no exceptions in line with the human rights approach as set out in LPT's Equality & Diversity policy.		
<b>Section 3</b>			
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b>			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	<b>X</b>
<b>Section 4</b>			
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
This is an updated policy aligned to changes in legislation and guidance. There are no major changes in this document from previous versions and therefore has low risk.			
<b>Signed by reviewer/assessor</b>		<b>Date</b>	March 2019
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
<b>Head of Service Signed</b>		<b>Date</b>	27 <sup>th</sup> March 2019

## DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	<b>Adult Safeguarding Policy</b>	
<b>Completed by:</b>	<b>Greg Payne</b>	
<b>Job title</b>	<b>Lead Practitioner</b>	<b>Date: 21<sup>st</sup> March 2019</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	<b>No</b>	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	<b>No</b>	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	<b>Yes</b>	<b>Patients may provide information in a health context which may then be disclosed to police and social services to detect and prevent crimes.</b>
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	<b>Yes</b>	<b>Patients may provide information in a health context which may then be disclosed to police and social services to detect and prevent crimes.</b>
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	<b>No</b>	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	<b>No</b>	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	<b>No</b>	
8. Will the process require you to contact individuals in ways which they may find intrusive?	<b>No</b>	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b></p> <p><b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		
<b>Date of approval</b>	25 March 2019	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust