Leicestershire Partnership NHS Trust

Safeguarding and Public Protection Policy and Procedures

Including Safeguarding Children, Adults, Domestic Abuse, Staking & Harassment, People at Risk of Radicalisation (Prevent), Visitors to Trust Premises, Anti-Social Behaviour & Multi-Agency Public Protection (MAPP) including Potentially Dangerous People (PDP) Protocol.

This policy describes the principles and procedures within the Safeguarding Policy and staff roles and responsibilities in applying this within practice.

Key words: Safeguarding, Public Protection, Policy, Procedures, Children, Adult, MAPPA

Version: 3

Approved by: Trust Safeguarding Committee

Ratified By: Trust Safeguarding Committee/Q&S

Date this version was ratified:

Date issued for publication: March 2025

Review date: December 2026

Expiry date: February 2027

Type of Policy: Clinical and Non-Clinical

Contents

SUMMARY & AIM

This policy provides information regarding types of abuse and how adults and Children may be at risk. It identifies local operational arrangements in place to reduce and/or prevent the risk of harm from abuse and gives guidance on how to raise safeguarding adult and children's concerns.

This policy applies to all Trust workers; both temporary and substantive and includes those engaged by the Trust in a non-remunerative capacity, for example, students and volunteers.

This policy applies to all Trust patients, regardless of the nature of the service accessed or type of attendance / admission.

KEY REQUIREMENTS

Leicestershire Partnership NHS Foundation Trust (the Trust) is committed to working in partnership with all agency partners across Leicester, Leicestershire, and Rutland (LLR). The Trust is also a key stakeholder or partner with the 4 Safeguarding Boards across LLR.

- Leicester Safeguarding Children Partnership Board (LSCPB).
- Leicestershire & Rutland Safeguarding Children Partnership Board (LRSCPB).
- Leicester Safeguarding Adults Boards (LSAB)
- Safeguarding Adults Board Leicestershire & Rutland (LRSAB)

Additionally, Strategic MAPPA Offender Management Board (AVOB), Channel Panels, Public Protection (MAPP) partnerships to protect children (including unborn babies), adults, those experiencing domestic abuse and at risk of radicalisation from abuse and neglect; and by working to manage high risk offenders.

The Trust has in place systems and processes to support local multi-agency arrangements and implement local and national guidance and legislation and procedures to protect those who are vulnerable to abuse, neglect, and exploitation.

As a member of these multi-agency partnerships the Trust is party to the strategies, decisions, policies and procedures agreed by the safeguarding and protection boards and has agreed to support membership of the operational sub-groups responsible for implementing the safeguarding procedures, communication and training strategies. The Trust policies follow and relate to the LLR Children's and Adult Safeguarding Procedures and other supporting resources found.

Regulation 13 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014, states that the Trust has a legal duty to safeguard service users from abuse and improper treatment.

The Trust has a legal duty under Section 11 of the Children Act (2004) to make arrangements to ensure that, in discharging its functions, it has regard to the need to

safeguard and promote the welfare of children as described in Working Together to Safeguard Children; a guide to inter-agency working to safeguard and promote the welfare of children (2023).

The Trust has a legal duty under Section 6 of the Care Act (2014) to co-operate with the Local Authority in relation to (a) their respective functions relating to adults with needs for care and support, (b) their respective functions relating to carers, and (c) functions of theirs the exercise of which is relevant to functions referred to in paragraph (a) or (b). This includes Section 42-47 of the Care Act – “safeguarding adults at risk of abuse and neglect”.

The Trust has a duty under subsection 4 of the Domestic Violence, Crime and Victims Act (2004) in the establishment and conduct of domestic homicide reviews.

The Trust recognises its responsibility recognise and respond to domestic abuse as defined in the Domestic Abuse Act (2021) s. 15-17 and the Serious Crime Act (2015) relating to the offence of coercive and controlling behaviours (section 4.5).

Section 26 of the Counterterrorism and Security Act (2015) places a duty on the Trust (Schedule 6 to the Act), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. The Act states that the Trust must have regard for the Prevent Duty guidance (issued under section 29) when carrying out the duty.

The Modern Slavery Act (2015) Schedule 3; section 43, places the Trust under a duty to co-operate with the Independent Anti-slavery Commissioner. A copy of the Trusts statement and commitment to Modern Slavery can be found on the Trusts website.

The Trust has a legal reciprocal duty to cooperate with the Police, Probation Trust and Prison Services as the “Responsible Authority” under Section 325(3) of the Criminal Justice Act 2003; in its task of assessing and managing risk.

The Serious Crime Act (2015) requires Trust Health and Social Care professionals to report “known” cases of Female Genital Mutilation (FGM) in under 18s which they identify in the course of their professional work to the police. ‘Known’ cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003. There are notifications and alerts in place to support and report this requirement.

TARGET AUDIENCE

All LPT staff.

TRAINING

Training for Safeguarding Adults and Children, Domestic Abuse, Prevent and MAPPA training is mandatory to *all* LPT staff and is identified within the Trust's Safeguarding Training Matrix (1E) which is reviewed annually. The Training Matrix will be shared at induction with the requirement that all staff are trained within the first 2 months of their employment or when commencing as a volunteer.

1.0 Quick Look Summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	February 2022	New policy incorporating Child Protection Policy, Safeguarding Vulnerable Adult Policy, MARAC and MAPPA Protocol and MAPPA Policy.
1.1	May 2022	Minor typo errors.
2	February 2023	Appendix 9 – Pressure Ulcer Pathway Updated. Appendix 12 – Fabricated and Induced Illness pathway added.
2.1	January 2024	Policy extended from February 2024 to July 2024 to allow new Government guidance to be reviewed and policy update to reflect this.
3	February 2025	Review of entire document including legislative updates and transfer to new template.

For Further Information Contact: Leicestershire Partnership NHS Trust
Trust Lead for Safeguarding

1.2 Key individuals involved in developing and consulting on the document

- LPT Safeguarding Team
- LPT Safeguarding Committee
- LPT Human Resources Team

1.3 Governance

Level 2 Committee to ratify policy – LPT Safeguarding Committee

1.4 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 (Amendment) Regulations 2023 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.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net.

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010 (Amendment) Regulations 2023. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy.

1.6 Definitions that apply to this policy.

Consent	A patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must: • be competent to take the particular decision; • have received sufficient information to take it and not be acting under duress.
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Professional Curiosity	Professional curiosity underpins all safeguarding practice. Building strong relationships with children, adults and their families, based on care and compassion is crucial in promoting disclosure of abuse and to reducing environments where abuse and neglect exist. For this to occur there needs to be interest and curiosity into people's narratives, which needs to be part of the organisations and individual practitioner's mind sets. To work with families with compassion, but retain an open and questioning mind set, requires regular, challenging supervision and time for analysis and reflection of cases.

	People are more likely to make disclosures of abuse when they feel safe and listened to; sometimes this may only be a partial disclosure which requires professional curiosity to enquire further.

Child Safeguarding

Child	Anyone who has not yet reached their 18th birthday.
Child Safeguarding	Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: • providing help and support to meet the needs of children as soon as problems emerge. • • protecting children from maltreatment, whether that is within or outside the home, including online. • preventing impairment of children's mental and physical health or development. • ensuring that children grow up in circumstances consistent with the provision of safe and effective care. • promoting the upbringing of children with their birth parents, or otherwise their family network4 through a kinship care arrangement, whenever possible and where this is in the best interests of the children. • taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework. (Working Together HM Gov 2023).
Child In Need	Under the Children Act 1989, local authorities are under a general duty to provide services for children in need for the purposes of safeguarding and promoting their welfare. A child in need is defined under section 17 of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services, or a child who is disabled.
Child Protection Plan	The Child Protection plan captures the key actions, timescales and those responsible with focus on reducing risk and increasing the safety of the Child. It is a live document owned by the Core group members including the family and must be central to achieving outcomes in a timely way for the child. Any professional with actions in the plan will be accountable for delivering their actions in line with the timescales agreed and with support from the wider core group process.

Core Group	The Core group is the primary planning group for agencies and family to progress the child protection plan. The members should support and challenge each other to remain focused on achieving safety for the child in a timely way, removing barriers to the planning process and working together effectively throughout the period of the child protection plan.
Initial Child Protection Conference (ICPC)	Initial Child Protection Conference (ICPC) The initial child protection conference provides a key opportunity for agencies and families to share information, analyse current and future risk; make decisions about the need for a child protection plan and make recommendations to manage risk in the future. For this reason, timely planning and good participation in the meeting is crucial to support good quality decision making and planning.
Local Area Designated Officer (LADO)	The Local Authority Designated Officer (LADO) refers to the specific role of the designated officer employed by the Local Authority to manage and have oversight of allegations across the children's workforce.
Review Child Protection (RCPC)	The Review Child Protection Conference is the meeting used to consider progress of the plan and review the continued need for the Child protection plan. It should involve all relevant agencies and family members including, when appropriate, the child, so that decisions about the continued need or ending of the plan can be made robustly.
Safeguarding Children's Partnership	• Leicestershire and Rutland Safeguarding Children Partnership: https://lrsb.org.uk/lrscp • Leicester Safeguarding Children's Partnership: https://www.lcitylscb.org/
Strategy Meeting	Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, there should be a strategy discussion involving local authority children's social care (including the residential or fostering service, if the child is looked after), the police, health, and other bodies such as the referring agency, education, early help, or other practitioners involved in supporting the child. This might take the form of a multi-agency meeting and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process and when new information is received on an already open case. (Working Together HM Gov 2023).
Think Family	It is essential that all staff ensure that they adopt a 'Think family' approach to their work, particularly when there are safeguarding concerns. The Trust's safeguarding team will provide advice and support on all aspects on all aspects of safeguarding.

	All staff has a duty of care under the Children's Act (1989) to identify and respond where children may be at risk of harm. Working Together to safeguard Children (2023) outlines the roles and duties of agencies to safeguard children. Staff must consider the implications for children when responding to adult safeguarding concerns. Examples include: • An adult who is causing harm to another adult may also present a risk to a child. • An adult's parenting capacity may be adversely affected by the stress of abuse they are experiencing. • The choices an adult makes about their own protection may adversely affect their child(ren).

Safeguarding Adults

Adult	Anyone over the age of eighteen years.
Adult at Risk	The Care Act (2104) An adult at risk is a person who: • Has needs for care and support (whether or not the local authority is meeting any of those needs). • 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, of the experience of abuse or neglect.
Adult Safeguarding	Adult 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 wellbeing is promoted including, where appropriate, having regard in their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances Care Act Statutory Guidance (2014, p230).
LLR Safeguarding Adult Board	This is the local multi-agency board of partner agencies whose core responsibility is assuring robust local safeguarding arrangements are in place as defined by the Care Act (2014). The Director of Nursing is the Executive Lead for Safeguarding and works in partnership with the LSAB as part of multi-agency arrangements. https://www.llradultsafeguarding.co.uk/

Making Safeguarding Personal (MSP)	Making safeguarding personal means safeguarding should be person-led and outcomes focused. It means engaging with the adult in a conversation about how best to understand and respond to any risks they face in a way that enhances their involvement, choice and control in improving the quality of life, wellbeing and safety. This includes the wishes of the adult at risk to establish, develop or continue a relationship and their right to make an informed choice (Care Act 2014: Section 14.15). Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. This respectful and inclusive approach is at the heart of personalisation.
Modern Slavery	The Modern Slavery Act 2015 encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhuman treatment. Trafficking is the movement of people/ a person from one place to another by means such as force, fraud, coercion or deception with the aim of exploiting them; most commonly for the purpose of sexual slavery, forced labour, forced begging, and forced criminality, forced marriage or for the extraction of organs or tissues including surrogacy. For many victims of modern slavery and trafficking access to healthcare is the only opportunity they may have to verbalise the situation they find themselves in. Front line healthcare workers can be one of the only professionals who may have unsupervised access to victims of modern slavery.
Safeguarding Enquiry	Section 42 of the Care Act states that each Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. If a member of staff is requested to complete a safeguarding enquiry by the Local Authority, there is a statutory duty to comply with the request. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and, if so, by whom.

Self-neglect including hoarding	This guidance will support you as a front line professional to work with people who are at risk of self-neglecting or hoarding. It replaces the Leicester, Leicestershire, and Rutland Vulnerable Adults Risk Management Guidance (VARM). The guidance provides a risk assessment tool to support you to identify whether the person's self-neglect or hoarding is low, moderate, or high risk. Where a person is assessed as low or moderate risk, you should work flexibly with the person and colleagues in a multi-agency approach to achieve the best outcomes for them. The guidance does not, specify which agencies need to be involved nor does it prescribe any specific actions that may need to be taken. You will need to decide the responses based on the person's individual circumstances as well as the eligibility criteria of partner agencies.
Six Principles of Safeguarding	The Care Act 2014 states that safeguarding is a statutory duty and reiterates the following six principles of safeguarding which inform the values of our organisation: • **Empowerment** – we give individuals the right information about how to recognize abuse and what they can do to keep themselves safe. We consult with them before taking any action. When someone lacks capacity to make a decision we always act in his or her best interests. • **Prevention** – we train staff how to recognize signs and take action to prevent abuse occurring. • **Proportionality** - we discuss with the individual and where appropriate, with partner agencies, what to do where there is a risk of abuse or neglect before we make a decision. • **Protection** – we have effective ways of assessing and managing risk. Our local complaints and reporting arrangements for abuse and suspected criminal offences work well. • **Partnership** – we are good at sharing information locally. We have multi-agency arrangements in place and staff understand how to use these. • **Accountability** – Everyone's roles are clear together with the lines of accountability; staff understand what is expected of them and others.
Volunteers	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.

Domestic Abuse

DASH	The Domestic Abuse and Stalking and Harassment (DASH) Risk Indicator Checklist. This is a standardised risk assessment designed to assess the risks presented to an individual as a result of domestic abuse. A score of 14 or more is defined as high risk, however professional judgement is critical in identifying risk.
Domestic Abuse	Domestic Abuse is defined by The Domestic Abuse Act (2021) as behaviour ("A") towards another person ("B") is if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive of it consists of any of the following: • physical or sexual abuse. • violent or threatening behaviour. • controlling or coercive behaviour. • economic abuse. • psychological, emotional or other abuse. It does not matter whether the behaviour consists of a single incident or a course of conduct. "Personally connected" is defined as two people whom any of the following applies: • they are, or have been, married to each other. • they are, or have been, civil partners of each other. • they have agreed to marry one another (whether or not the agreement has been terminated). • they have entered into a civil partnership agreement (whether or not the agreement has been terminated). • they are, or have been, in an intimate personal relationship with each other. • they each have, or there has been a time when they each have had, a parental relationship in relation to the same child. • they are relatives. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts or assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim. This includes so called 'honour' based violence, female genital mutilation

	(FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group.
Female Genital Mutilation (FGM)	Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and can result in severe bleeding and problems urinating, and later cysts, menstrual difficulties, infections, as well as complications in childbirth and increased risk of newborn deaths.
Forced Marriage	The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence in England, Wales and Scotland to force someone to marry. (It is a criminal offence in Northern Ireland under separate legislation). This includes: • Taking someone overseas to force them to marry (whether or not the forced marriage takes place). • Doing anything intended to cause a child to marry before their eighteenth birthday, whether or not a form of coercion is used. • Causing someone who lacks the mental capacity to consent to marry to get married (whether they are pressured to or not).
Honour Based Violence (HBV)	Honour Based Violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'. This definition is supported by further explanatory text: "Honour Based Violence" is a fundamental abuse of Human Rights. There is no honour in the commission of murder, rape, kidnap and the many other acts, behaviour and conduct which make up "violence in the name of so-called honour". It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code. Women are predominantly (but not exclusively) the victims of 'so called honour-based violence', which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members (ACPO & CPS, 2013).

Multi-Agency Risk Assessment Conference (MARAC)	In a single meeting, a domestic violence MARAC combines up to date risk information with a comprehensive assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic violence case: victim, children and perpetrator. Aims of the MARAC: • To share information to increase the safety, health and well-being of victim's adults and their children. • To determine whether the perpetrator poses a significant risk to any particular individual or to the general community. • To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm. • To reduce repeat victimisation. • To improve agency accountability; and • Improve support for staff involved in high-risk domestic abuse cases.
Stalking & Harassment	Stalking is where an individual is fixated and/or obsessed with another. This can be exhibited by a pattern of persistent and repeated contact with, or attempts to contact, a particular victim. The term harassment is used to cover the 'causing alarm or distress' offences under section 2 of the Protection from Harassment Act (PHA) 1997 as amended by the Protection of Freedoms Act (2012), and 'putting people in fear of violence' offences under section 4 of the PHA. Stalking and harassment may be seen within the context of domestic abuse or as a separate offence where the victim has had no previous intimate relationship and is not related to the person committing the offence. It is important that both types of stalking and harassment are managed effectively by Trust staff wherever it is disclosed.

Prevent

Channel	Multi-agency approach to protect people at risk from radicalisation which is chaired by the Local Authority and has partner agencies attend such as Police, Education, Housing, Health and Social Care. (Contest The United Kingdom Strategy for Countering Terrorism 2023)
CONTEST	CONTEST has four key principles: • Prevent: to stop people becoming terrorists or supporting terrorism. • Pursue: to stop terrorist attacks. • Protect: to strengthen our protection against a terrorist attack.

	• Prepare: to mitigate the impact of a terrorist attack. The purpose of Prevent is at its heart to safeguard and support vulnerable people to stop them from becoming terrorists or supporting terrorism. Prevent work also extends to supporting the rehabilitation and disengagement of those already involved in terrorism. Prevent works in a similar way to programmes designed to safeguard people from gangs, drug abuse, and physical and sexual abuse. Success means an enhanced response to tackle the causes of radicalisation, in communities and online; continued effective support to those who are vulnerable to radicalisation; and disengagement from terrorist activities by those already engaged in or supporters of terrorism. (Contest The United Kingdom Strategy for Countering Terrorism 2023)
Prevent	Prevent the Government's countering terrorism strategy is known as CONTEST (2018). Prevent is part of CONTEST. The Government's response to counterterrorism is built on an approach that unites the public and private sectors, communities, citizens and overseas partners around the single purpose to leave no safe space for terrorists to recruit or act. The strategy, CONTEST, is the framework that enables agencies to organise this work to counter all forms of terrorism. CONTEST's overarching aim remains to reduce the risk to the UK and its citizens and interests overseas from terrorism, so that our people can go about their lives freely and with confidence. <u>Prevent Objectives</u> • Tackle the causes of radicalisation and respond to the ideological challenge of terrorism. • Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support. • Enable those who have already engaged in terrorism to disengage and rehabilitate.
Radicalisation	Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. (Revised Prevent Duty Guidance for England and Wales, issued on 12th March 2015 and revised on 16th July 2015, definition)

Anti-Social Behaviour (ASB)

Anti-Social Behaviour (ASB)	Anti-Social Behaviour is defined by the Crime and Disorder Act 1998 as "acting in a manner that has caused, or is likely to cause harassment, alarm or distress to one or more persons not of the same household as (the defendant)". It is the broad term used to describe a range of nuisances, disorder and crime that affect people's daily lives. It covers many types of behaviour that vary in nature and severity, many of which are open to interpretation. Thus what is considered anti-social by one person can be acceptable to another.

Multi-Agency Public Protection Arrangements (MAPPA)

Categories of MAPPA	Offenders will only qualify for Active MAPPA management if they have been convicted for an offence under the Categories below which meets specific criteria set out by the Sex offenders Act 2003, CJA 2003 Schedule 15 offences or Part 4 of the Counterterrorism Act 2008. Cat 1 - Registered Sexual Offenders (RSO). Cat 2 - Violent Offenders and Other Sexual Offenders. Cat 3 - Other Dangerous Offenders including PDP's. Cat 4 - Terrorist Offenders (Managed by the National Security Division).
MAPPA 1	**Level 1 cases ordinary agency management** Ordinary agency management level 1 is where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender. This does not mean that other agencies will not be involved, only that it is not considered necessary to refer the case to a level 2 or 3 MAPP meeting.
MAPPA 2	**Level 2 cases active multi-agency management** Cases should be managed at level 2 where the offender: • Is assessed as posing a high or very high risk of serious harm, or • The risk level is lower, but the case requires the active involvement and co-ordination of interventions from other agencies to manage the presenting risks of serious harm, or • The case has been previously managed at level 3 but no longer meets the criteria for level 3, or • Multi-agency management adds value to the lead agency's management of the risk of serious harm posed.
MAPPA 3	**Level 3** management should be used for cases that meet the criteria for level 2 but where it is determined that the management issues require senior representation from the Responsible Authority and Duty-to-Co-operate agencies. This

	may be when there is a perceived need to commit significant resources at short notice or where, although not assessed as high or very high risk of serious harm, there is a high likelihood of media scrutiny or public interest in the management of the case and there is a need to ensure that public confidence in the criminal justice system is maintained (MoJ, 2012).
Multi-Agency Public Protection Arrangements (MAPPA)	The Criminal Justice Act 2003 ("CJA 2003") provides for the establishment of Multi-Agency Public Protection Arrangements ("MAPPA") in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders (MoJ, 2012, updated 2024).

Other Relevant Definitions

Visitor	Visitor for the purposes of this policy is anyone attending Trust premises including outpatient and inpatient facilities and the process at Appendix F1 highlights how to manage such visitors including both adults and children whether patients, families, carers, contractors, volunteers and visiting workers at Trust sites. It also addresses security protocols to be considered in the event of a Very Important Person (VIP) visits.
eIRF	Certain safeguarding incidents require completion of an incident record on LPT's Incident Reporting systems (Ulysses) as per LPT Incident Reporting Policy. Examples of incidents reportable on LPT incident reporting system: • Allegations against staff. • Safeguarding Adult referrals. • Child Safeguarding. • Patient on patient assault. • Honour based violence and forced marriage. • Female Genital Mutilation. • Pressure Ulcers.

2.0 Purpose and Introduction / Why we need this Policy

2.1 The Trust recognises its priority and duty to safeguard service users from abuse, neglect and the risk of radicalisation and work to protect the public from perpetrators of abuse and high-risk offenders.

2.2 The Trust has suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs and b) responding appropriately to any allegation, suspicion, or evidence of abuse.

2.3 The Trust has regard to national and local guidance issued under the legal duties and Safeguarding Boards as described in Section 1 of this policy.

2.4 The Trust recognises its priority should always be to ensure the safety, well-being and protection of unborn babies, children, and adults in its care and to the wider public. That it is the responsibility of all staff to act on any allegation, suspicion or evidence of abuse, neglect, or radicalisation, and report their concerns to a responsible person, manager or agency as determined within this policy and related procedures.

2.5 The Trust recognises its duty to safeguard patients and visitors to its premises including outpatient and inpatient units. In line with the lessons taken from the independent report for the Secretary of State into the investigations relating to Jimmy Savile (Lampard 2015) the Trust has decided to include its process for visitors to Trust premises within this safeguarding policy. This includes all visits by adults, children, contractors, and Very Important Persons (VIPs).

2.6 The LPT Recruitment and Selection Policy is available on the Trust website. Key Documents and Policies - Leicestershire Partnership NHS Trust

3.0 Policy Requirements

Details of the principles and core standards to be used in the development and management of policies.

4.0 Duties within the Organisation

4.1 The Chief Nurse/Executive Director of Nursing, Allied Health Professionals & Quality and the **Trust Board** have a duty to ensure that it has policies and procedures in place to effectively safeguard; children and young people, adults; including domestic abuse and those at risk of radicalisation as well as the management of high-risk offenders. The Board will publish an annual safeguarding report and safeguarding assurance declaration on the public website.

4.2 The **Quality and Safety Committee** have a responsibility for approval, development, implementation, review and monitoring effectiveness of these policy and procedures on behalf of the Board, receiving assurance via the Trust Safeguarding Committee bi-monthly update, exception, and annual reports & annual safeguarding declaration.

4.3 The Chief Nurse/Executive Director of Nursing, Allied Health Professionals and Quality is the Executive Safeguarding Lead and will champion safeguarding within the Trust and is the executive lead portfolio holder for safeguarding and has Board level responsibilities for the requirements under Regulation 11 of the Care Standards Act 2001 and Care Act 2014, and Section 11 of the Children Act 2004.

4.4 The **Deputy Director of Nursing and Quality** will attend strategic Safeguarding Children and Adult Boards and identify a policy lead and ensure safeguarding practice and procedures are reviewed in line with policy. The Deputy Director will also Chair and manage the Safeguarding Committee.

4.5 A **Non-Executive Director** will be appointed to provide scrutiny and additional Board assurance, whilst championing safeguarding across the wider organisation.

4.6 The **LPT Safeguarding Committee** meets every 2 months and has the responsibility to recommend the safeguarding policy and procedures for approval, monitoring the compliance against these and training, safeguarding reporting, multi-agency reviews and audits. The committee will report after every meeting and on an exception basis to the Quality and Safety Committee and review safeguarding training annually.

4.7 It is the responsibility of the **Head of Safeguarding** to ensure that comprehensive arrangements are in place regarding adherence to this policy and that policies and procedures are reviewed in line with local and national guidance and good practice in relation to safeguarding adults, children, Prevent, MAPPA and Domestic Violence and Abuse. This role will also ensure that there are robust advice and training procedures in place in relation to safeguarding adults, children, Prevent, MAPPA and Domestic Violence and Abuse and that safeguarding and public protection are championed across the Trust. The Head of Safeguarding will attend strategic boards and panels to and ensure that the Trust complies with all safeguarding and public protection legislative requirements.

4. 8 It is the responsibility of the **Lead Practitioner for Safeguarding Adults, MCA, Prevent and MAPPA** and the **Named Professionals** (Named Doctor and Lead Nurse for Safeguarding Children and Domestic Violence) to:

- Act in accordance with the roles and competencies laid out within Working Together to Safeguard Children (HMGov, 2023), Care Act (2014), Prevent & Channel Duties (2015) the Local Safeguarding & Prevent Boards, Adult Safeguarding Roles and Competencies and the Intercollegiate Competencies (RCN, 2024).
- Be responsible for monitoring and auditing the safeguarding, Prevent and MAPP arrangements and activity within the Trust and will report to the Safeguarding Committee where appropriate.
- To provide specialist advice, training, support, guidance, escalation of individual cases and where necessary training and supervision to

Safeguarding Link Practitioners and Trust staff. This does not absolve individual practitioners of their professional accountability and duties.

4.9 It is the responsibility of **Operational Directors, Heads of Nursing/Clinical Directors and Leads, Operational Managers and Heads of Service** to ensure that:

- Safeguarding policies and procedures are managed within their own Directorates or Services in line with the guidelines in this policy.
- Team managers and other management staff are given clear instructions about policy arrangements so that they in turn can instruct staff under their direction; this includes on call managers who are required to provide safeguarding advice outside of core working hours in the week and weekends. These arrangements will include:
- Keeping informed of any changes to policies via Communication updates.
- Ensuring that all staff have access to up-to-date policies, through the Trust website or StaffNet.
- Ensuring effective safeguarding assurance and governance processes within Directorates and areas of responsibility.

4.10 **Managers and Team Leaders** will be responsible for**:**

- Ensuring allegations against staff / volunteers / students & contractors, reports of abuse, neglect, risk of radicalisation and high risk to others are reported as per the Trust and multi-agency policy and procedures.
- Ensuring that policies and procedures are followed and understood as appropriate to each staff member's role and function. This information must be given to all new staff on induction.
- Provide safeguarding support and guidance as per the Safeguarding Policy, Trust's Supervision Policy and if an On-Call Manager.
- Promote the use and concept of professional curiosity from staff within team meetings and supervision.
- To ensure that staff seek advice from the LPT Safeguarding Team when indicated and ensure that the advice is followed in a timely way.
- Assess risk to and impact on alerter / referrer / reporter and plan supportive measures where indicated.
- Ensuring that staff within their responsibility know how and where to access current policies and procedures.
- Ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policies and policy changes.
- To ensure staff complete appropriate reporting and recording of safeguarding and risk issues as per Trust procedures.
- To follow up on safeguarding actions via liaison with staff member and escalate matters according to the Trust's escalation procedure where concerns are not being appropriately acted upon by another Trust employee or external agency.
- To ensure staff training compliance is monitored and any non-compliance is addressed in a timely manner.

4.11 **Safeguarding Link Practitioners**

- Raise awareness of safeguarding and public protection within the organisation and wider community.
- To act as a forum for discussion of relevant issues – providing consistency in approach across the organisation and promoting the concept of professional curiosity.
- To robustly disseminate changes to legislation/guidance and practice throughout the organisation.
- Opportunity to share information/examples of best practice with colleagues.
- Provide a support network for colleagues in clinical practice.
- Involvement of frontline staff in decision making regarding safeguarding practice.
- Develop a framework of expertise within localities.
- To provide opportunities for learning, increase knowledge and confidence regarding safeguarding issues.
- To provide a framework for identifying areas in need of strengthening regarding safeguarding practice.
- To attend the Link Practitioner learning and development sessions.

4.12 **Trust Secretary**

On behalf of the approving committees, the Trust Secretary's Office is the central control point for administering the distribution of all policies and maintains a database of all Trust policies and procedures. The Trust Secretary will therefore be responsible for:

- Co-ordinating and managing the creation, consultation, approval, ratification, review and archiving processes for all Trust-wide policies.
- Ensuring that a master copy is kept of all Trust-wide policies and procedures for a minimum period of 10 years in line with the guidance set out in 'The Records Management: NHS Code of Practice' (2023)
- Maintaining a single register of all Trust- wide policies.
- Ensuring that policies follow the prescribed format.
- Ensuring that policies follow the prescribed format.
- Ensuring that policies are kept under review.
- Being the main authority in all but rare circumstances for the inclusion of new policies or procedures on the Internet (in the interests of continuity, version control and security).
- Ensuring that the dedicated Corporate Governance Documents, Policies & Procedures pages of the Internet are regularly kept up to date.
- Ensuring that staff are informed regarding any policy updates or new policies.

4.13 **All Staff** (including seconded staff, volunteers and those who have a roving role in the Trust) should be aware that despite the above responsibilities of senior staff, every staff member has an individual duty of responsibility to ensure that they:

- Know where to locate the safeguarding policy and procedures.
- Adhere to safeguarding processes and carry out their responsibility and duty to report actual or suspected abuse, neglect and risk of radicalisation or from high-risk offenders to their Line Manager.
- Report safeguarding information to the appropriate agency and record actions and outcomes on the Trust's safeguarding child and adult screening tool and/or incident recording system (as per procedure 1D).
- Attend the appropriate level of safeguarding training as per mandatory Training Matrix Section 1E.
- Practice with a mind-set that promotes professional curiosity and enquiry to promote and enable disclosures of abuse.

4.14 The responsibility for **investigating safeguarding incidents** of alleged or actual abuse and neglect lies with the Local Authorities and / or the Police, unless agreed on a case-by-case basis relating to allegations against Trust employees or Enquiries as per the Care Act (2014).

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/or in writing. Someone could also give non-verbal consent if 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.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

6.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored Frequency of Monitoring
Recording and assessment of safeguarding via incident reporting system or safeguarding screening tools	Number and quality of recorded data	Safeguarding Committee	Head of Safeguarding Safeguarding Committee	Quality & Safety Committee Quarterly
Systems in place to monitor safeguarding training & recording as identified in training matrix	Percentage of training compliance against competency for role	Learning & Development Manager	Safeguarding Committee	Divisional Management Teams Monthly Quality & Safety Committee Quarterly
Audit & inspection framework	Compliance with Section 11 audit (LSCPB), Prevent Plan & NHS England reporting & quality reporting for ICB Safeguarding accountability and assurance framework (SAAF)	Outcomes of inspections and audits Quality Review Meetings, S75 & SWCCG	Head of Safety & Quality Safeguarding Committee	Quality & Safety Committee Quarterly Divisional Management Teams

7.0 References and Bibliography

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College of Policing (COP) College of Policing Authorised Practice (CPAP) **Forced Marriage and Honour-Based Abuse** https://www.college.police.uk/app/major-investigation-and-public-protection/forced-marriage-and-honour-based-abuse

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https://www.legislation.gov.uk/ukpga/2015/30/contents

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https://www.legislation.gov.uk/ukpga/2003/44/contents

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https://transform.england.nhs.uk/media/documents/NHSX_Records_Management_CoP_V7.pdf

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https://www.england.nhs.uk/publication/guidance-for-mental-health-services-in-exercising-duties-to-safeguard-people-from-the-risk-of-radicalisation/

Royal College Nursing (RCN) (2019) **Safeguarding Children and Young people: roles and competences for health care staff. Intercollegiate document.**
https://www.rcn.org.uk/professional-development/publications/pub-007366

Legislation

Legislation for all:

- The Crime and Disorder Act 1998
- Female Genital Mutilation Act 2003
- Sexual Offences Act 20023
- Mantal Capacity Act 2005
- UN Convention on the Rights of Persons with Disabilities 2006
- Mental Health Act 2007
- Children And Families Act 2014
- Modern Slavery Act 2015
- Serious Crime Act 2015
- Mental Capacity (Amendment) Act 2019

- NHS Constitution and Values (updated Jan 2021)
- Domestic Abuse Act 2021
- Serious Violence Duty 2023
- Prevent Duty 2023

Safeguarding Children and Young People
- United Nations Convention in the Rights of the Child 1989
- Children Act 1989 and Children Act 2004
- Promoting the Health of Looked After Children 2015
- Children and Social Work Act 2017
- Working Together to Safeguarding Children 2023
- Children Social Care Reforms
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019
- Looked After Children: Roles and Competencies of healthcare staff 2020

Safeguarding Adults
- European Convention on Human Rights
- The Care Act 2014
- Care and Support Statutory Guidance- Section 14 Safeguarding
- Adult Safeguarding: Roles and Competencies for Health Care Staff 2018

Trust Policies
- Incident/Serious Incident Reporting Policy.
- Data Protection and Information Sharing Policy.
- Mental Capacity Act (2005) Policy.
- Supervision Policy.

8.0 Fraud, Bribery and Corruption consideration

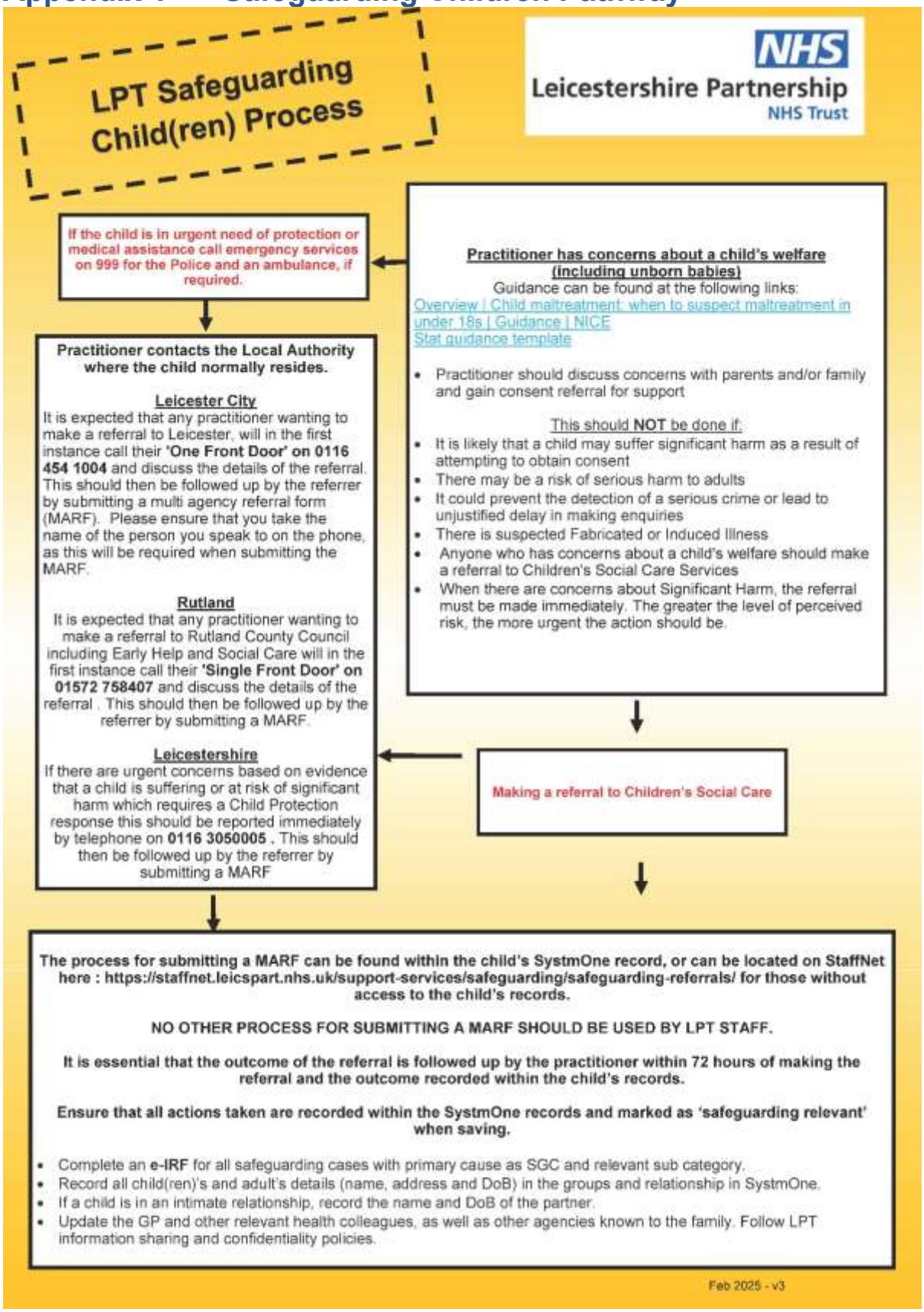
The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

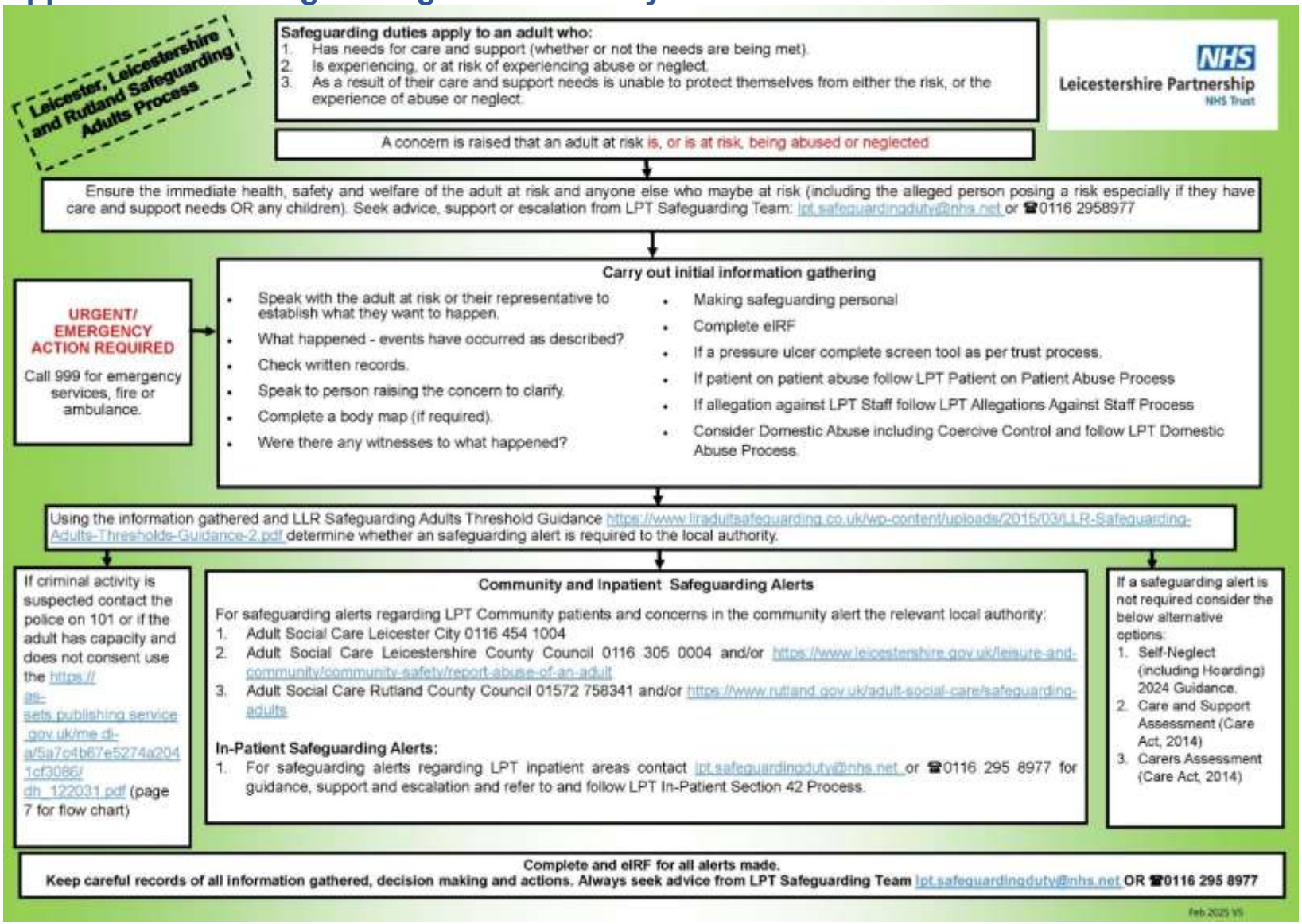
Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

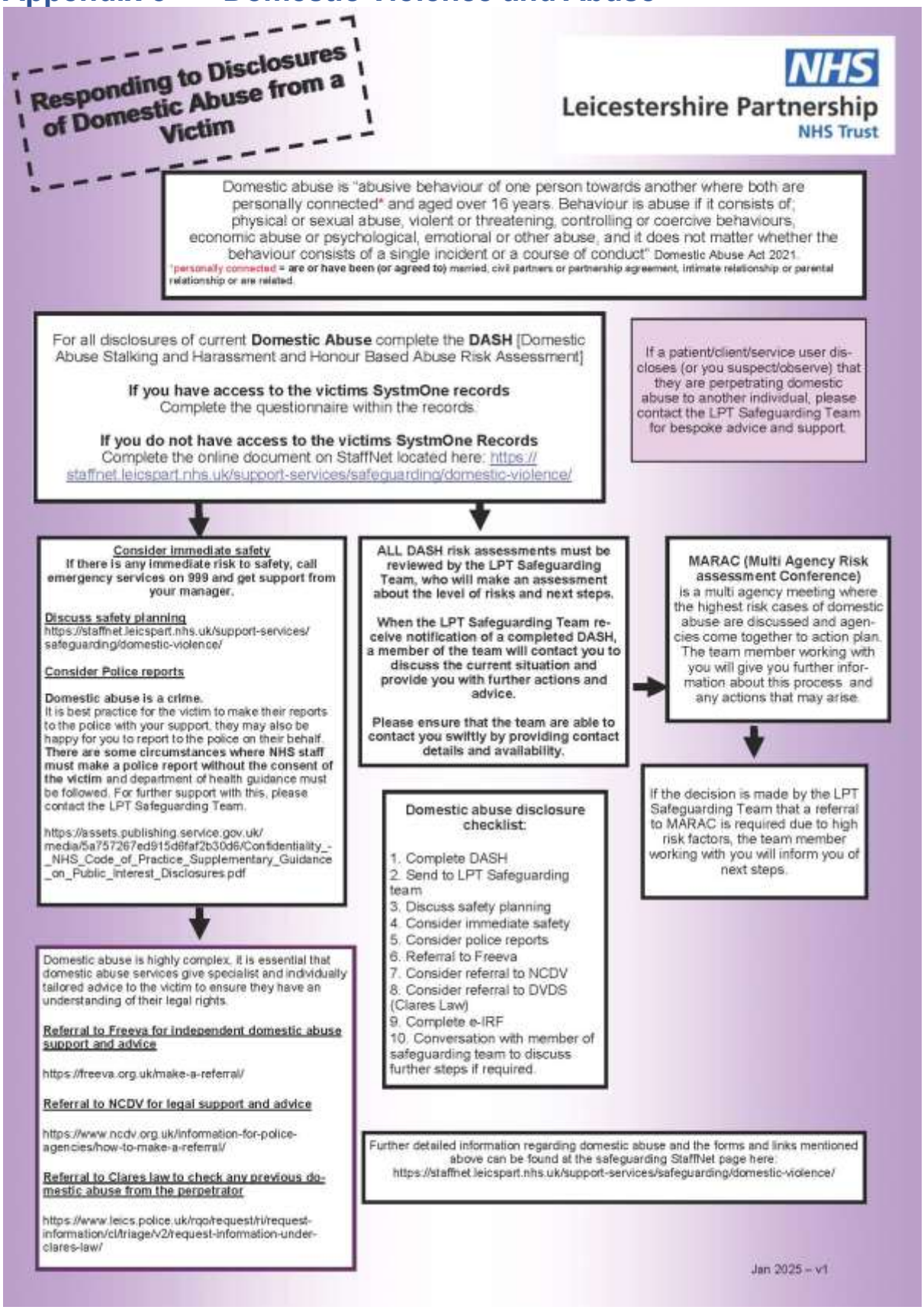
Appendix 1 Safeguarding Children Pathway



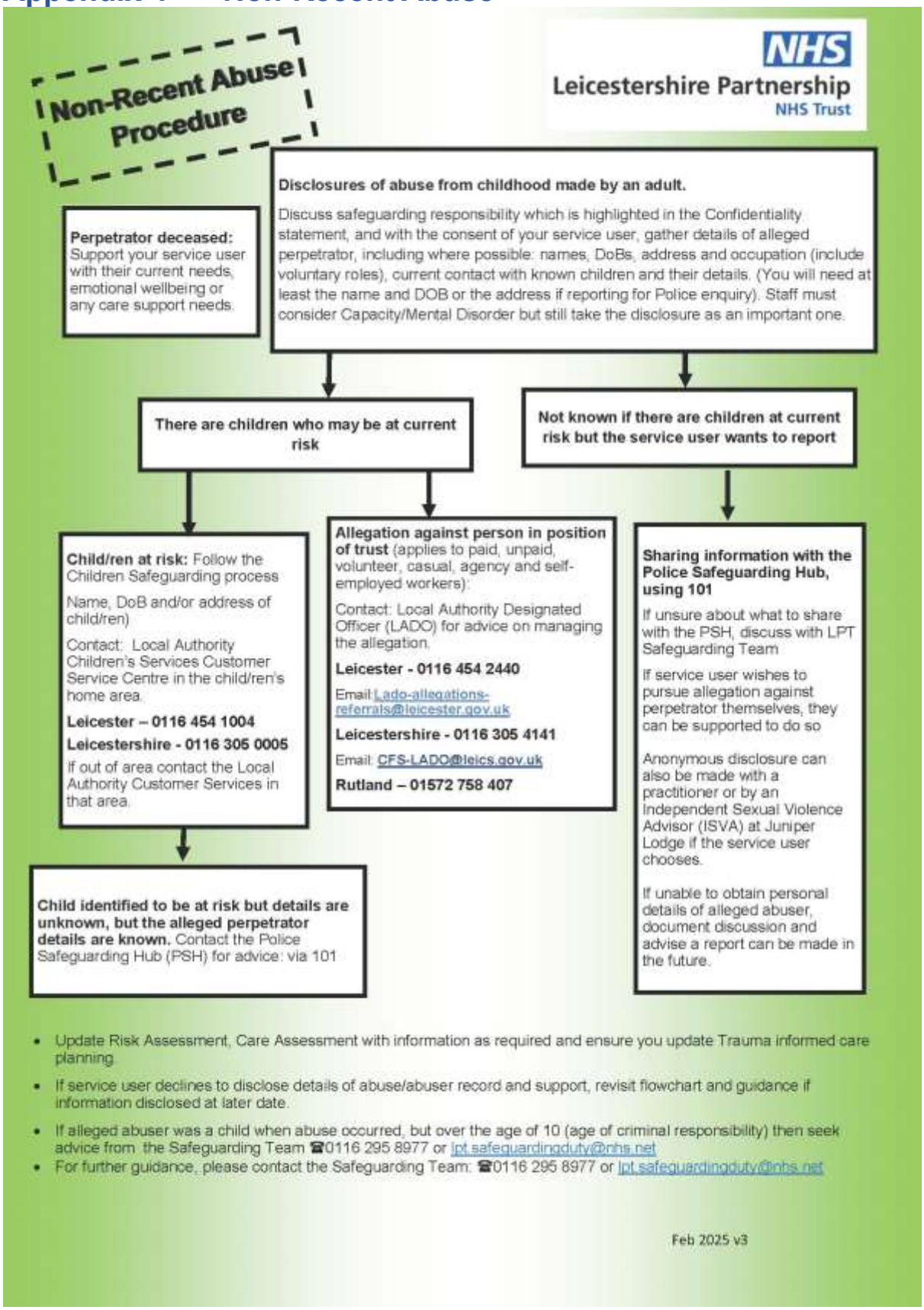
Appendix 2 Safeguarding Adult Pathway



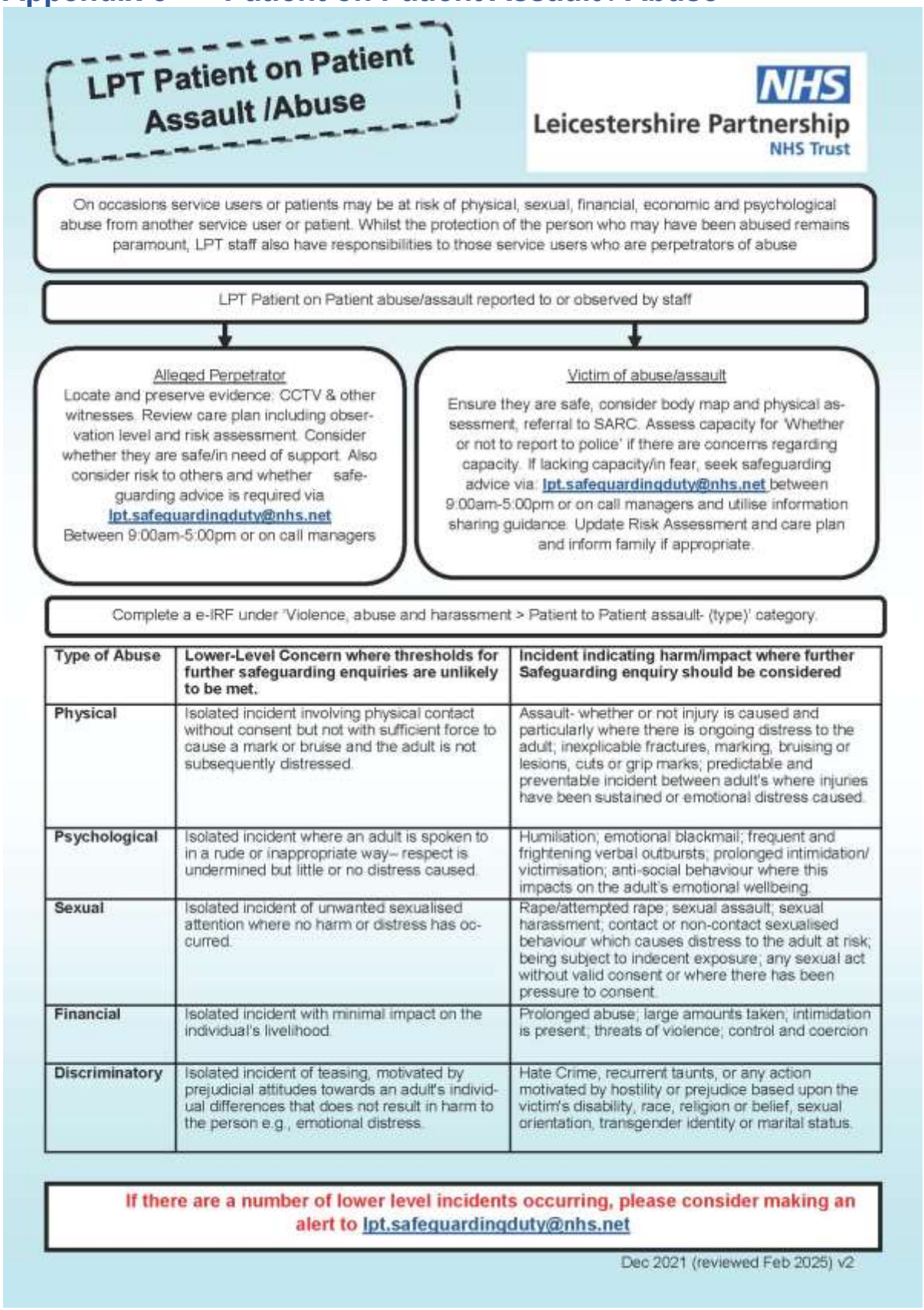
Appendix 3 Domestic Violence and Abuse



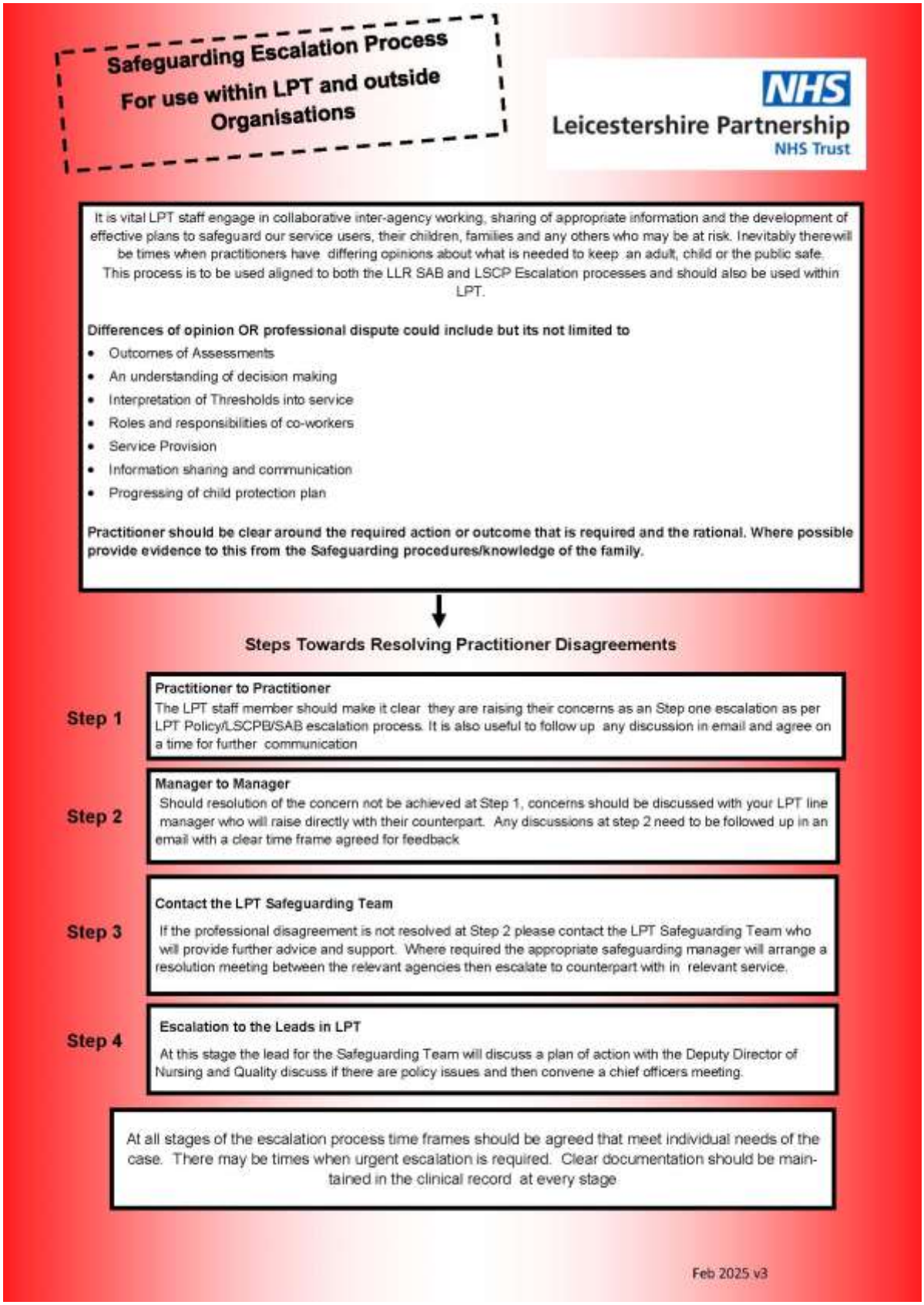
Appendix 4 Non-Recent Abuse



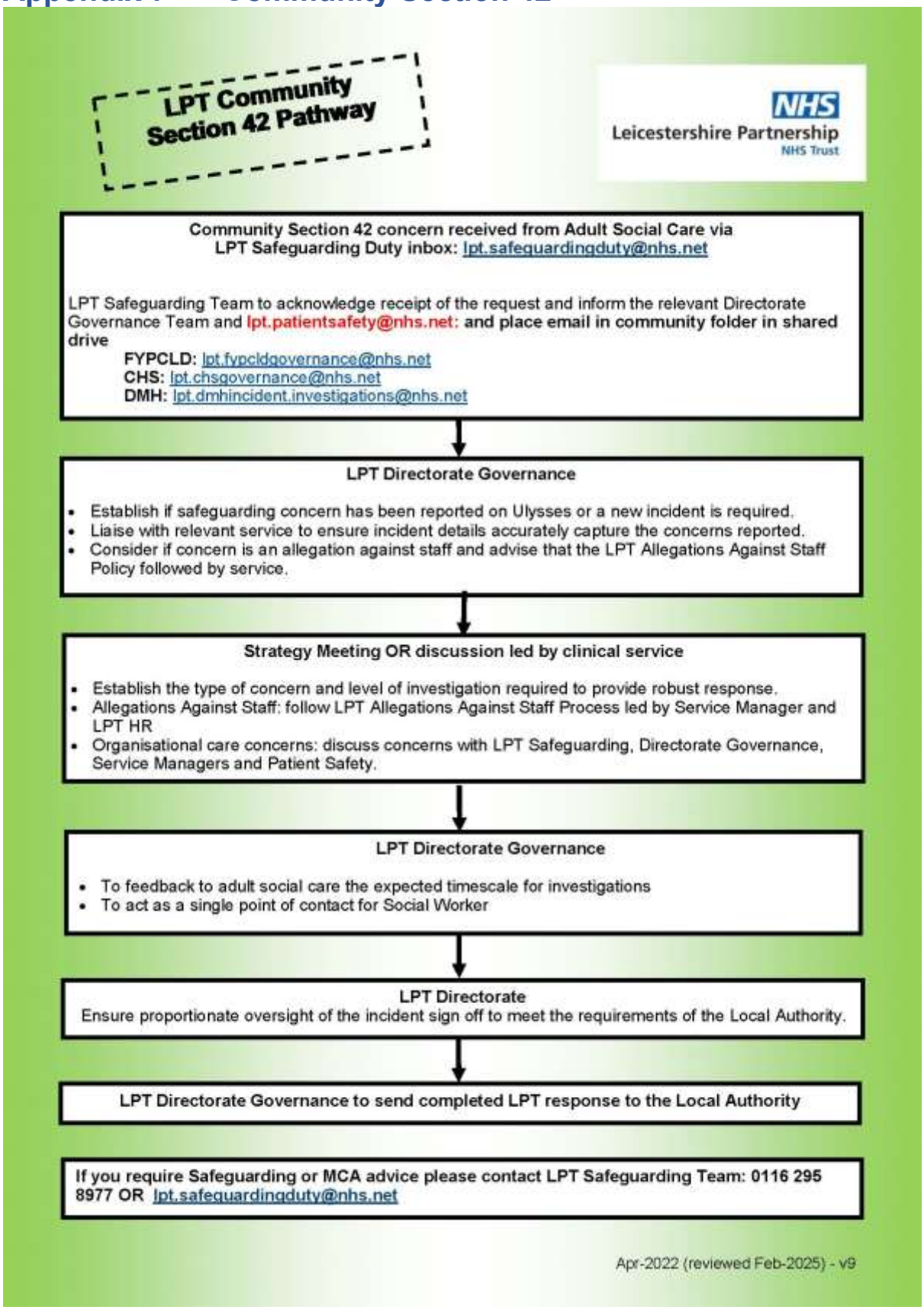
Appendix 5 Patient on Patient Assault / Abuse



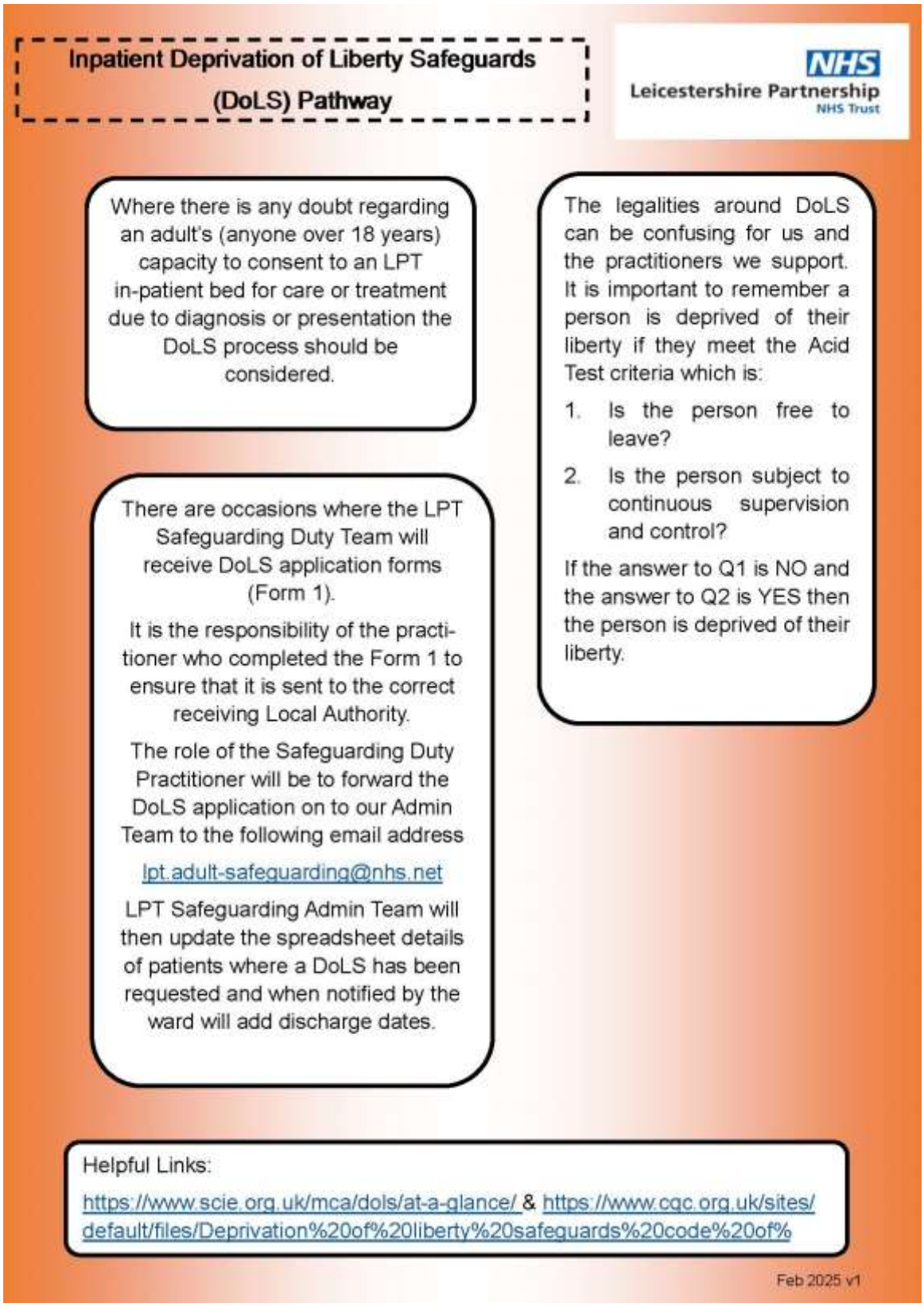
Appendix 6 Safeguarding Escalation Process



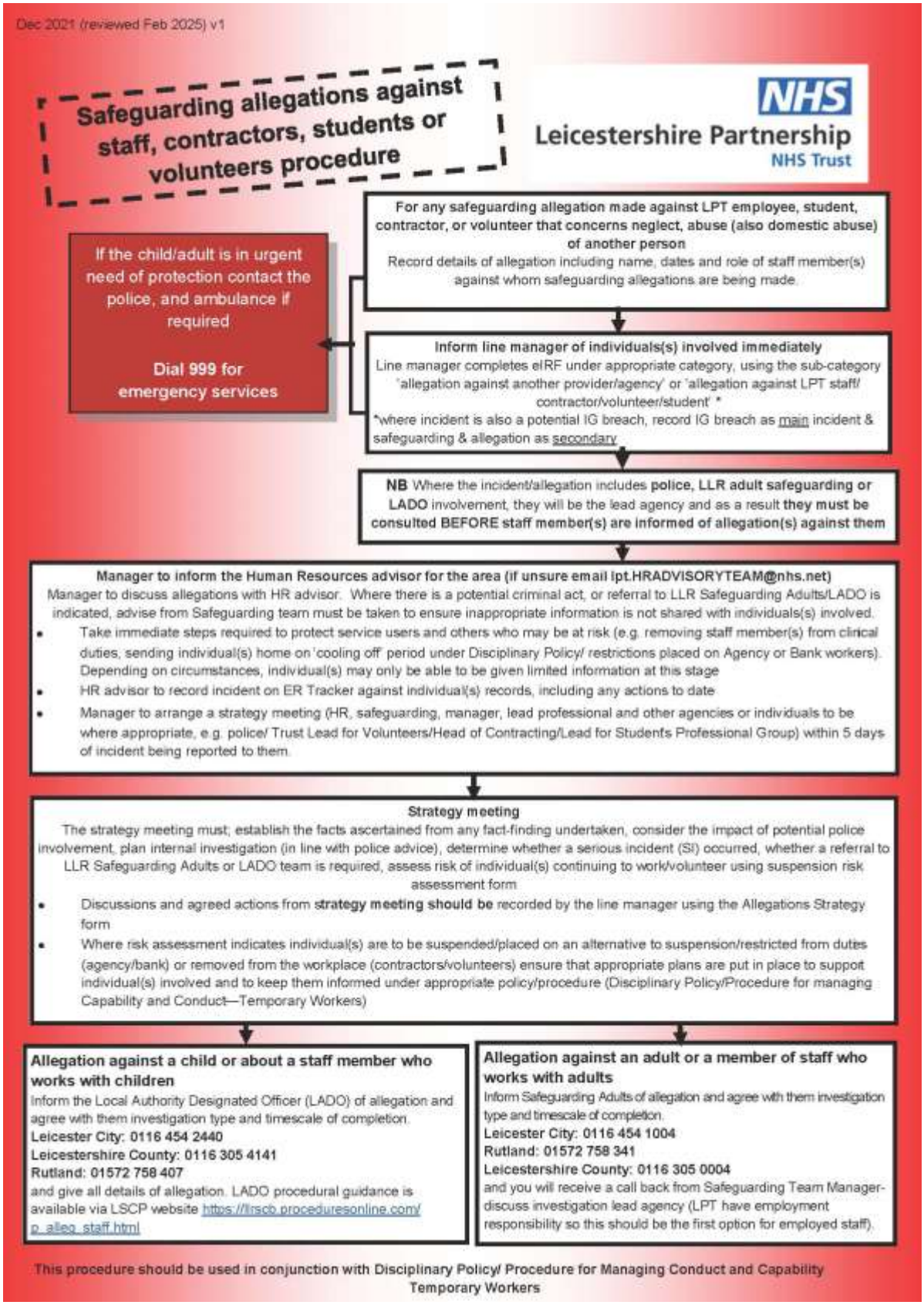
Appendix 7 Community Section 42



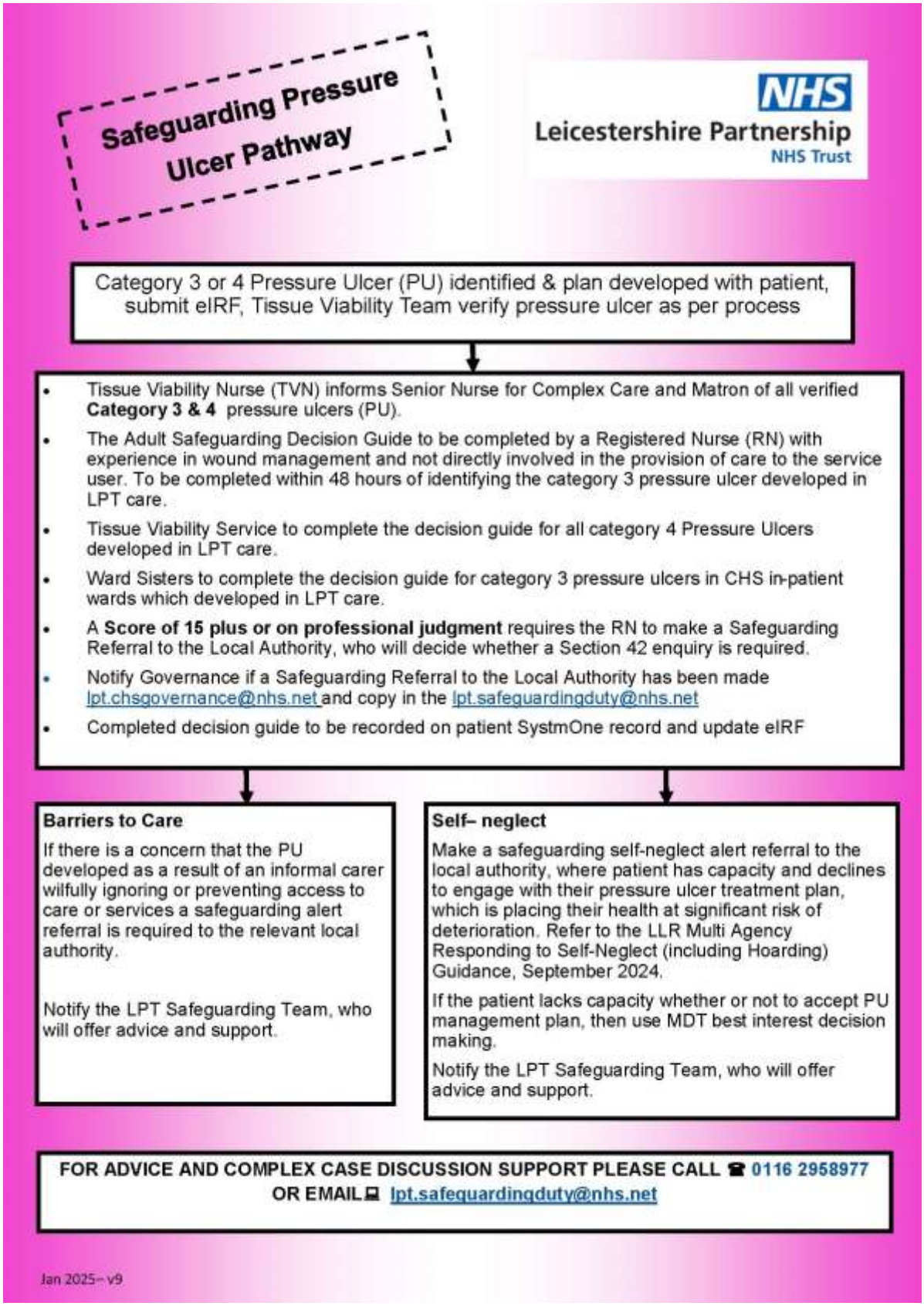
Appendix 8 Inpatient Deprivation of Liberty Safeguards (DoLS) Pathway



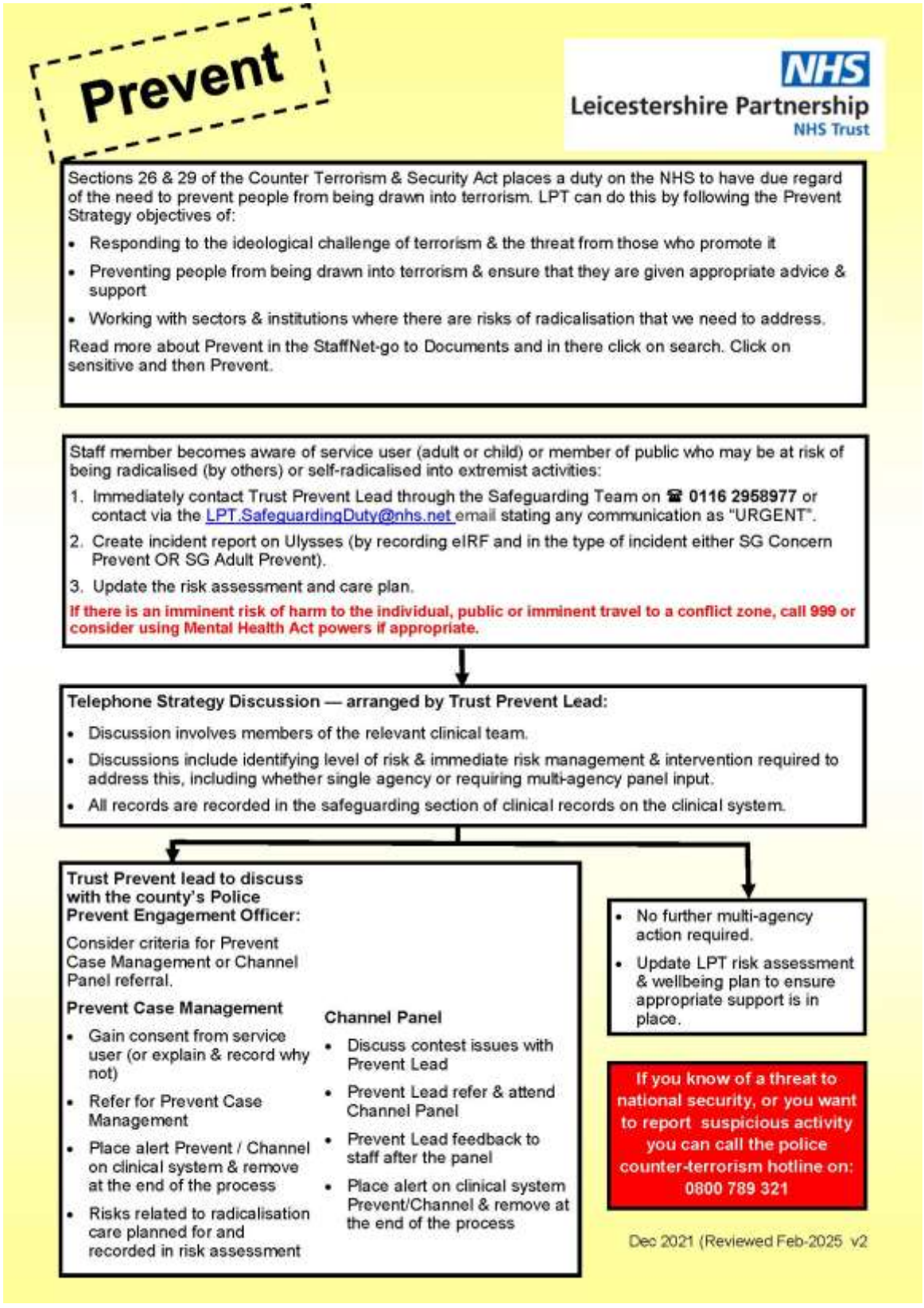
Appendix 9 Allegations Against Staff



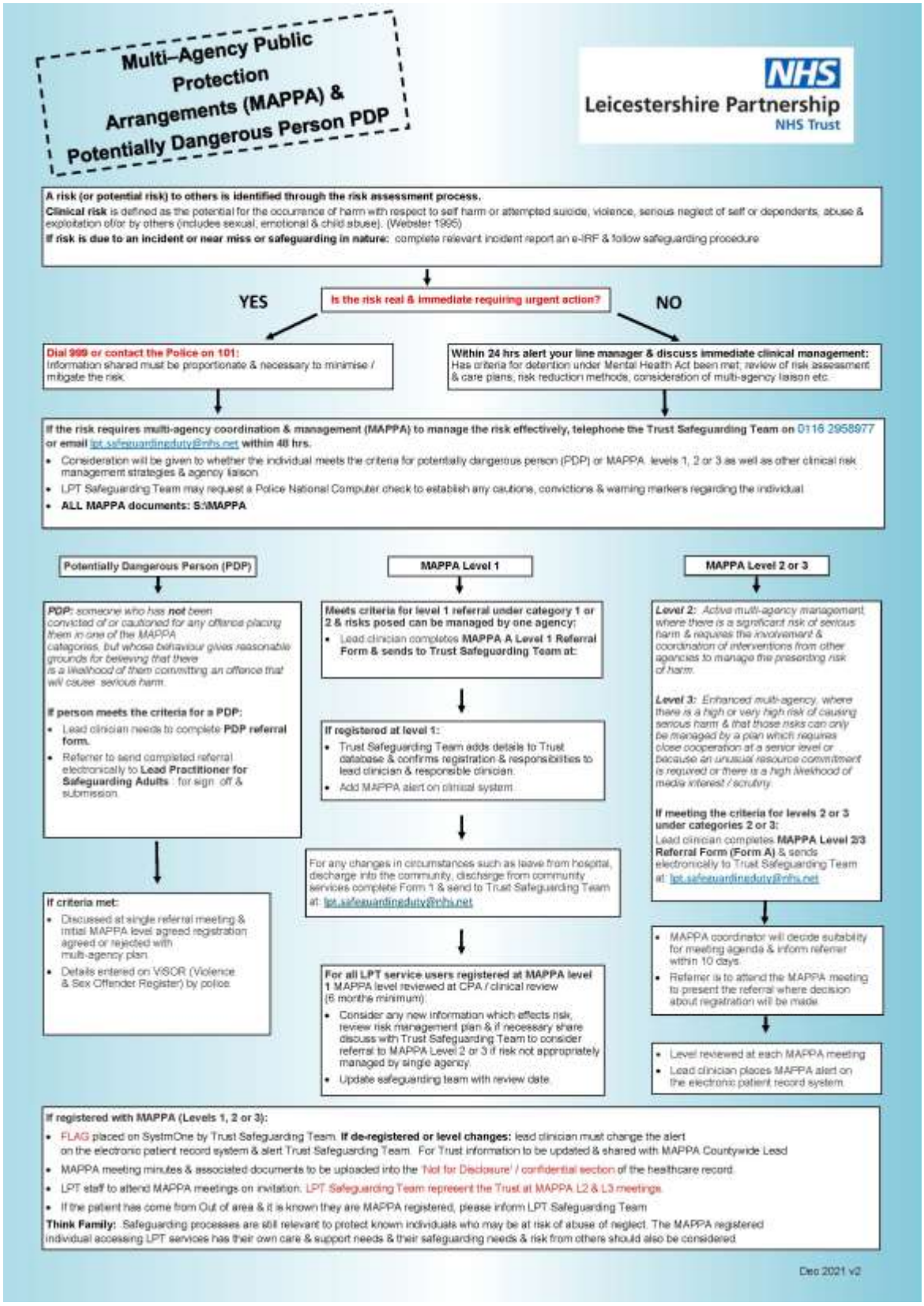
Appendix 10 Pressure Ulcers and Safeguarding



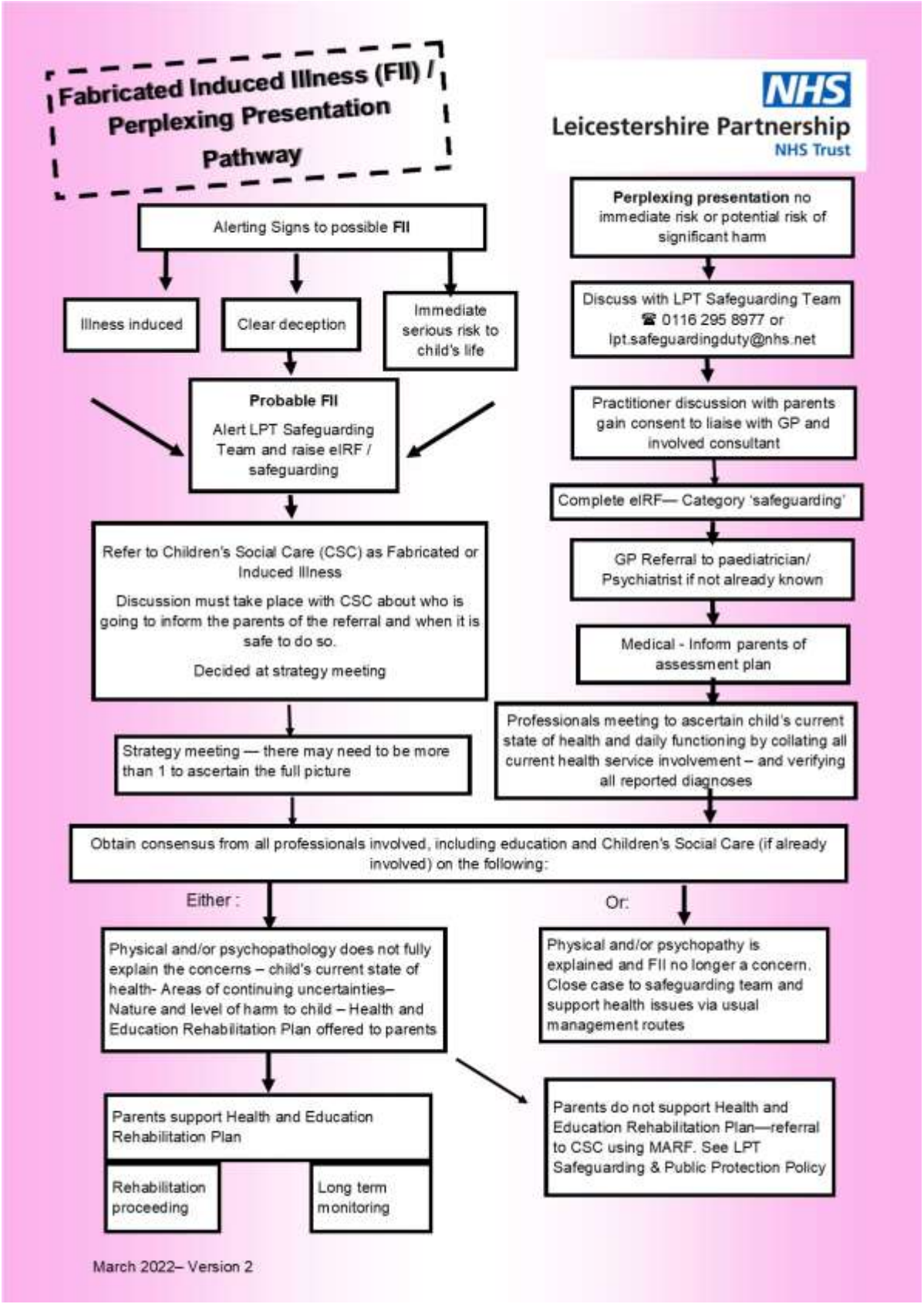
Appendix 11 Prevent



Appendix 12 Multi-Agency Public Protection Arrangements (MAPPA)



Appendix 13 Fabricated and Induced Illness



Appendix 14 Information Sharing and Record Keeping

Safeguarding Information Sharing Guidance (to be read alongside Data Protection and Information Sharing Policy https://www.leicspart.nhs.uk/wp-content/uploads/2020/11/Data-Protection-and-Information-Sharing-Policy-exp-Dec-21.pdf).

Information Sharing with Children
Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.
Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.
Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements.

Information Sharing with Adults
Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation. Decisions about what information is shared and with whom will be taken on a case-by-case basis.

Whether or not information is shared with or without the adult at risk's consent, the information should be:
- necessary for the purpose for which it is being shared.
- shared only with those who have a need for it.
- be accurate and up to date.
- be shared in a timely fashion.
- be shared accurately.
- be shared securely.

Seven Golden Rules for 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 (and/or their family where appropriate) 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. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement 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.

The Caldicott Principles – Revised December 2020

Principle 1: Justify the purpose(s) for using confidential information Every proposed use or transfer of confidential information should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed by an appropriate guardian.

Principle 2: Use confidential information only when it is necessary Confidential information should not be included unless it is necessary for the specified purpose(s) for which the information is used or accessed. The need to identify individuals should be considered at each stage of satisfying the purpose(s) and alternatives used where possible.

Principle 3: Use the minimum necessary confidential information Where use of confidential information is considered to be necessary, each item of information must be justified so that only the minimum amount of confidential information is included as necessary for a given function.

Principle 4: Access to confidential information should be on a strict need-to-know basis Only those who need access to confidential information should have access to it, and then only to the items that they need to see. This may mean introducing access controls or splitting information flows where one flow is used for several purposes.

Principle 5: Everyone with access to confidential information should be aware of their responsibilities Action should be taken to ensure that all those handling confidential information understand their responsibilities and obligations to respect the confidentiality of patient and service users.

Principle 6: Comply with the law Every use of confidential information must be lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statute and under the common law.

Principle 7: The duty to share information for individual care is as important as the duty to protect patient confidentiality Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Principle 8: Inform patients and service users about how their confidential information is used A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this. These steps will vary depending on the use: as a minimum, this should include providing accessible, relevant and appropriate information - in some cases, greater engagement will be required.

Recording Safeguarding Information

Basic Record Keeping Principles

- Use Trust Headed Paper / Patient records/ Appropriate Referral forms.
- Dated and timed.
- Who was present?
- What concerns were identified?
- Record – what was observed, what was said and who by? For injuries use body map / drawing to clarify details.
- Remain factual and objective.
- Record what you did.
- Sign using full name and designation.
- Don’t ask leading questions.
- Ensure your manager oversees your record and actions.

Please also see: https://www.leicspart.nhs.uk/wp-content/uploads/2022/04/Electronic-Health-Records-Policy-Exp-Oct-2025.pdf

It is always good practice to discuss concerns and any planned referrals with the family members involved. However, this should not be done if:

- Alerting them will endanger the adult or child further.
- It could place another adult at risk of serious harm.
- It could prevent the detection of a serious crime or lead to unjustified delay in making enquiries.
- suspected fabricated or induced illness.

Document concerns and whether they were discussed with the family. If not, why not?

Flagging & Alerts

It is important that cases are appropriately flagged / alerted relating to safeguarding matters. These flags/ alerts require regular review and removal once the safeguarding matter is resolved. Seek advice from LPT Safeguarding Team if you require advice on when and how to add an alert.

Recording Information in Relation to Perpetrators of Abuse

Information that is recorded in relation to a third party or a perpetrator of abuse should be clearly marked as confidential and stored in the relevant clinical systems section identified. Consideration for the victim and their families should always be a priority when working with perpetrators and guidance and relevant consent should be sought before sharing information disclosed by the victim with a perpetrator. This may include:

- MARAC minutes.
- MAPPA minutes.
- 'Adults at Risk' Conference minutes/Protection plans etc.
- Information in relation to Fabricated and Induced Illness.

Useful Guidance for safeguarding record-keeping and information sharing

Department of Education May 2024 Information Sharing. Advice for practitioners providing safeguarding services for children, young people, parents and carers. https://assets.publishing.service.gov.uk/media/66320b06c084007696fca731/Info_sharing_advice_content_May_2024.pdf

Appendix 15 Mandatory & Essential Training Matrix

Safeguarding Training for Adult, Children, Domestic Abuse, Prevent, Public Protection & the Mental Capacity Act / Competency

Due to the diverse nature of LPT Services, where there is a need for specialised training for groups that work with both adults & children or a specific patient group this can be delivered by local arrangement. Please contact lpt.safeguardingduty@nhs.net to arrange this.

The matrix is the minimum standard for roles however as part of development additional courses can be attended as identified in appraisal. This will not alter the Trust's requirement but can be added to OLM.

New Starter WITHIN 12 WEEKS OF STARTING ROLE FREQUENCY – Once Method - eLearning Volunteers have a face to face induction with L1 Adult, Child, Domestic Abuse and Prevent awareness training.					
	Peer Support Workers & Pharmacist	Administrators, contractors, corporate & support staff with no direct clinical role but will have public & patient contact	All Clinical Staff working with adults. Including nurses, AHP's, Social Workers, Doctors & Health Care Support Workers	All clinical staff working with children including health visitors, nurses, AHP's, nursery nurses, Doctors, Practitioners & Health Care Support Workers	Staff who mainly work with adults but direct contact with children. Dieticians, Perinatal, Liaison & Diversion
Safeguarding Children Level 1	X	X	X	X	X
Safeguarding Children from abuse by Sexual Exploitation	X		X	X	X
An introduction to FGM, Forced Marriage, spirit Possession & Honour Based Violence	X		X	X	X
Safeguarding Adults Level 1	X	X	X	X	X
Awareness of domestic violence & abuse	X		X	X	X
Domestic abuse awareness short course		X			
Preventing Radicalisation Basic Prevent Awareness Training Level 2	X	X			
Preventing Radicalisation (mental health) Level 3			X	X	X
Mental Capacity Level 1	X		X	X	X

Mandatory & Essential Training WITHIN 4 MONTHS OF STARTING ROLE FREQUENCY - Once Method - Face to Face or e-learning					
	Peer Support Workers & Pharmacist	Administrators, contractors, corporate & support staff with no direct clinical role but will have public & patient contact	All Clinical Staff working with adults. Including nurses, AHP's, Social Workers, Doctors & Health Care Support Workers	All clinical staff working with children including health visitors, nurses, AHP's, nursery nurses, Doctors, Practitioners & Health Care Support Workers	Staff who mainly work with adults but direct contact with children. Dieticians, Perinatal, Liaison & Diversion
Safeguarding Children Level 3 (1-day) LPT to determine whether 1 type of level 3 course for all staff or a level 3a for staff working directly with children & level 3b for staff working with adults who have children.			X 3b	X 3a	X 3a
Safeguarding Children level 2	X				
Safeguarding Adults Level 3 (1-day)			X		X
Safeguarding Adults Level 2	X			X	
Mental Capacity Act & Competency Level 2Child includes domestic abuse				X	
Mental Capacity Act Level 2 e-learning or face to face	Pharmacist only				
Mental Capacity Act & DoLS / Liberty Protection Safeguards Level 3 (4 hours)			X		X
E-learning public protection module (90 mins e-learning) MAPPA, PDP & ASBRAC			X	X	X

Refresher Training FREQUENCY - 3 years Method - Face to Face (e-learning for administrators, contractors, corporate & support staff with no direct clinical role)					
	Peer Support Workers & Pharmacist	Administrators, contractors, corporate & support staff with no direct clinical role but will have public & patient contact	All Clinical Staff working with adults. Including nurses, AHP's, Social Workers, Doctors & Health Care Support Workers	All clinical staff working with children including health visitors, nurses, AHP's, nursery nurses, Doctors, Practitioners & Health Care Support Workers	Staff who mainly work with adults but direct contact with children. Dieticians, Perinatal, Liaison & Diversion
Safeguarding Refresher Adult staff (1-day) includes: Safeguarding Children 3b, Safeguarding Adults Level 3, Domestic Abuse, Prevent Level 3 & MAPPA / PDP, ASBRAC			X 3b refresher		X 3b refresher (LPT may opt for 3a)
Safeguarding Refresher Child Staff 3a (1-day) includes: Safeguarding Children (CSE) 3a, Safeguarding Adults Level 2, Domestic Abuse, Prevent Level 3 & MAPPA / PDP, ASBRAC				X 3a refresher	
Safeguarding Refresher Peer Support or Pharmacy (1 day) includes: Safeguarding Children Level 2, Safeguarding Adults Level 2, Domestic Abuse, Preventing Radicalisation & Public Protection	X				
Safeguarding Refresher Admin Staff (repeat all level 1 e-learning) including "safeguarding children", "safeguarding adults", "domestic abuse awareness - short course", Preventing Radicalisation"		X			
Mental Capacity Act & DoLS / Liberty Protection Safeguards Level 3 (4 hours)			X		X
Mental Capacity Act & Competency Level 2 Child (4 hours)				X	
Mental Capacity Act Level 2 e-learning or face to face	Pharmacist only				

Appendix 16 Visitors to LPT Premises

Includes:
1. Visits to Adults by Adults
2. Visits to Adults by Children
3. Visits to Children (Inpatients Units)
4. Visits by VIP's

1. Visits to Adults by Adults

1.1 The wishes of the service user should be respected with regards to who they would like to visit them. This should be clarified and documented, including any individuals they do not wish to visit. If they refuse a visitor this requires documenting, ensure detailing reasons for refusal. Providing there is justification, the nurse in charge can prevent, supervise or terminate a visit. On such an occasion an incident report should be generated detailing all aspects of the refusal.

1.2 Visitors and those being visited should be advised of visiting hours, mealtimes and any therapy sessions/appointments.

1.3 Any visits outside of agreed times will be judged on a case-by-case basis and will be agreed through discussion with staff.

1.4 A 'prohibited items list' should be displayed in full view of all visitors and service users. If staff have reasonable grounds to suspect that a visitor is bringing prohibited items onto site, they should be asked to hand them over (in?) for the duration of the visit. If they refuse, staff can ask the visitor for permission to look in (search?) their bag and pockets if they remain non-compliant, staff can ask the visitor to leave or can inform them that their visit will be continually supervised. If necessary, the Local security Management Specialist (LSMS) or Police should be contacted. An incident report should be submitted detailing reasons for refusal of admittance or supervision.

1.5 Visits can be prevented where a relationship is anti-therapeutic, where there are concerns for the safety of visitor from the service user, or where there are concerns for the safety of the service user. This includes relationships which meet the definition of domestic abuse and where abuse or neglect is suspected (safeguarding policy 11). Consideration must be given to the service user's capacity to determine anti-therapeutic relationships (mental capacity act policy 6B). In addition, if the behaviour of the visitor may be disruptive eg. incitement to abscond, smuggling substances that could impair care path ways and /or breaching confidentiality of the service user.

2. Visits to Adults by Children

2.1 The last decade has seen a gradual recognition that many adult mental health service users are also parents and a steady growth in concern over the implications of this for their children (Working Together 2023). Contact between parents and children when a parent is in hospital needs to be actively encouraged by staff (Barnardo's 2007).

2.2 The welfare of the child is paramount, and the Trust has a statutory responsibility for safeguarding children and promoting their welfare in accordance with Section 11 of the Children Act 2004. All visiting children aged 18 years and under should be accompanied by a responsible adult, who remains with them throughout their visit and accepts responsibility for them. Discretion/risk assessment is required when older teenagers are visiting. Any concerns that a particular visiting environment is unsafe for a child must be the subject of a risk assessment and the identification of an alternative venue.

2.3 The Ward / Unit where the visit will take place should be sufficiently flexible to enable regular visits if in the child's best interest. The facilities provided should be comfortable, welcoming, child friendly, well equipped and provide a safe environment. Where possible this should be in an area away from others such as a family room. Such visits should be supported by a qualified member of staff who has received training in safeguarding children and is familiar with this Visitors Policy. Staff should discuss any potential risks with the accompanying adult and the importance of a prompt response, should the visit need to be terminated imminently.

2.4 Mental Health professionals must consider the family context of service users and consider the wellbeing of any dependent children. It would be helpful if, after visiting a parent with a mental illness, a member of staff talks to the child and accompanying adult about the child's experience during the visit (Parents as Patients 2011).

3. Their children (Working Together 2023). Contact between parents and children when a parent is in hospital needs to be actively encouraged by staff (Barnardo's 2007).

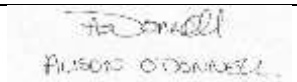
4. The welfare of the child is paramount, and the Trust has a statutory responsibility for safeguarding children and promoting their welfare in accordance with Section 11 of the Children Act 2004. All visiting children aged 18 years and under should be accompanied by a responsible adult, who remains with them throughout their visit and accepts responsibility for them. Discretion/risk assessment is required when older teenagers are visiting. Any concerns that a particular visiting environment is unsafe for a child must be the subject of a risk assessment and the identification of an alternative venue.

5. The Ward / Unit where the visit will take place should be sufficiently flexible to enable regular visits if in the child's best interest. The facilities provided should

be comfortable, welcoming, child friendly, well equipped and provide a safe environment. Where possible this should be in an area away from others such as a family room. Such visits should be supported by a qualified member of staff who has received training in safeguarding children and is familiar with this Visitors Policy. Staff should discuss any potential risks with the accompanying adult and the importance of a prompt response, should the visit need to be terminated imminently.

Appendix 17 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:	Safeguarding Adult & Children Training		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	☐ Not required ☑ Mandatory (must be on mandatory training register) ☑ Role Essential (must be on the role essential training register) ☐ Desirable or Developmental		
Directorate to which the training is applicable:	☑ Directorate of Mental Health ☑ Community Health Services ☑ Enabling Services ☑ Estates and Facilities ☑ Families, Young People, Children, Learning Disability and Autism ☑ Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	All LPT Staff		
Governance group who has approved this training:	LPT Safeguarding Committee	Date approved:	
Named lead or team who is responsible for this training:	LPT Safeguarding Team		
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc	eLearning / Virtual via MS Teams		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	☑ uLearn ☑ Other (please specify) – MS Teams Training		
How is this training going to be quality assured and completions monitored?	Monitoring Trust training compliance against monthly flash reports.		
Signed by Learning and Development Approval name and date		Date: March 2025	

Appendix 18 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.

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

Appendix 19 Due Regard Screening Template

Section 1	
Name of activity/proposal	Safeguarding & Public Protection Policy & Procedures
Date Screening commenced	
Directorate / Service carrying out the assessment	LPT Safeguarding Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Emma O'Sullivan
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS:	
OBJECTIVES:	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	This policy applies to people over the age of 16. The application of these policies and procedures will ensure that patients are supported to make their own decisions regardless of their age.
Disability	The application of this policy will ensure that people are supported to make their own decisions regardless of any disability.
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.

Section 3

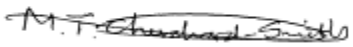
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

~~Yes~~	No
~~High risk: Complete a full EIA starting click here to proceed to Part B~~	Low risk: Go to Section 4.

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

Having reviewed the policy it meets the Trust's Equality, Diversity and Human Rights Policy.
It does not discriminate on the grounds of any Protected Characteristic and follows clear Human Rights Approach.

Signed by reviewer/assessor	Emma O'Sullivan	Date	17-Feb-2025
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	17-Feb-2025

Appendix 20 Data Privacy Impact Assessment Screening

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. 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.			
Name of Document:	Safeguarding & Public Protection Policy & Procedures		
Completed by:	Emma O'Sullivan		
Job title	Acting Trust Lead for Safeguarding		**Date:** 17-Feb-2025
Screening Questions		**Yes / No**	**Explanatory Note**
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.		No	
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.		No	
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?		No	
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?		No	
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.		No	
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?		No	
7. As part of the process outlined in this document, is the information about		No	

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.		
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	**N/A**	
Date of approval		

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