



Safeguarding and Public Protection Policy

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

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1. INTRODUCTION

Swansea Bay University Health Board (SBU Health Board or Health Board within this document) recognises every staff member has a duty to safeguard and promote the welfare of children, young people and adults at risk.

This document will ensure that staff are clear about their statutory duties and about what action they must take.

2. POLICY STATEMENT

The Health Board has statutory duties to comply with legislation in relation to safeguarding and public protection.

It discharges these duties by working within regional partnership arrangements and complying with both UK Government and Welsh Government Codes of Practice and national safeguarding procedures.

3. SCOPE

This Policy applies to **ALL** staff employed by or working within the Health Board, regardless of whether or not their employment brings them into direct contact with adults or children at risk. The principles set out in this Policy will also apply to other individuals and groups, including bank staff and agency workers, students, contractors, honorary contract holders, volunteers and trainees.

In every incident of alleged abuse of a child or adult at risk staff must comply with the Wales Safeguarding Procedures. The Wales Safeguarding Procedures can be downloaded digitally via any mobile device. A desktop version is available via www.safeguarding.wales

4. AIM

This Policy has been developed to ensure that all staff who work within the Health Board understand and are aware of their responsibilities in relation to safeguarding children and adults at risk, and in relation to public protection.

This document will ensure that staff are clear about their statutory duties and about the action they must take in response to safeguarding and/or public protection concerns.

5. OBJECTIVES

To enable the Health Board to fulfil its statutory duties safely and competently it must:

- Ensure effective measures are in place to safeguard people and protect children and adults at risk; and,
- Ensure appropriate systems and processes are in place, including those to support sharing of information, to enable staff to work effectively and in partnership with other agencies with regard to safeguarding and public protection.

6. DEFINITIONS

6.1 Safeguarding involves working with partner agencies to protect children and adults at risk of abuse, neglect or other kinds of harm, and involves activities to actively prevent individuals from becoming at risk of abuse, neglect or other kinds of harm.

6.2 Public Protection includes actions taken to protect, promote and improve the health, safety and well-being of the population.

6.3 Safeguarding Children

A child is defined by the Children Act 1989 as anyone less than 18 years of age.

A 'child at risk' is defined in the Social Services & Well-being (Wales) Act 2014 as a child who:

- a) is experiencing or is at risk of abuse, neglect or other kinds of harm; and
- b) has needs for care and support (whether or not the Local Authority is meeting any of those needs).

It is important to note:

- The use of the term 'at risk' means that actual abuse or neglect does not need to occur, rather early interventions to protect a child at risk should be considered to prevent actual harm, abuse and neglect;
- The two conditions necessary to demonstrate a child is at risk of abuse or neglect ensures that protection is provided to those with care and support needs who *also* require actions to secure their safety in the future;
- Risk of abuse or neglect may be the consequence of one concern or a result of cumulative factors.

Safeguarding children is the responsibility of everyone working in the Health Board. This responsibility extends to children who are patients and children who are visitors, children of any adults who are patients/clients of the Health Board, and children of staff members.

6.4 Adults at Risk

An 'adult at risk' is defined in the Social Services & Well-being (Wales) Act 2014 as an adult who:

- a) is experiencing or is at risk of abuse or neglect;
- b) has needs for care and support (whether or not the Local Authority is meeting any of those needs); and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This definition may include a person who:

- has learning difficulties
- has a mental health problem, including dementia
- is an older person with support/care needs
- is physically frail or has a chronic illness
- has physical or sensory disability
- misuse drugs or alcohol
- has an autistic spectrum disorder

The possibility of an adult becoming an adult at risk will depend on his or her circumstances. There are many predisposing factors which may increase any risk of abuse occurring.

It is important to note:

- the use of the term 'at risk' means that actual abuse or neglect does not need to occur before practitioners intervene, rather early interventions to protect an adult at risk should be considered to prevent actual abuse and neglect;
- the three conditions necessary to demonstrate an adult is at risk of abuse or neglect ensures that protection is provided to those with care and support needs who *also* require actions to secure the individual's safety in the future because they are unable to protect themselves;
- that the abuse of adults deemed to be 'at risk' is often linked to their circumstances rather than the characteristics of the people experiencing harm;¹
- risk of abuse or neglect may be the consequence of one concern or a result of cumulative factors.

6.5 Statutory Duty to Report

From April 2016 the Social Services & Well-being (Wales) Act 2014 introduced the statutory duty for all who work for the Health Board to report to the Local Authority any concerns that a child or an adult is at risk (Appendix 1).

For the purposes of this policy a duty to report to the local authority will be taken to mean a report/referral to social services who, alongside the police, have statutory powers to investigate suspected abuse or neglect.

A report must be made whenever an individual has concerns about a child under the age of 18 years or an adult at risk who:

- is experiencing or is at risk of abuse, neglect or other kinds of harm; **and**
- has needs for care and support (whether or not the authority is meeting any of those needs), and
- as a result of those needs is unable to protect himself or herself against the abuse and neglect or the risk of it.

If any person has knowledge, concerns or suspicions that a child or adult is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are reported/referred to social services or the police who have statutory duties and powers to make enquiries and intervene when necessary.

All employees must take positive and decisive action when witnessing incidents, experiencing concerns or receiving information alleging abuse or inappropriate care of a child or adult at risk. Employees can obtain advice and support about concerns they may have from their line manager, Safeguarding Lead or the Corporate Safeguarding Team

THIS IS NOT A MATTER OF PERSONAL CHOICE.

6.6 Deprivation of Liberty Safeguards (DoLS)

The process to protect people who, for their own safety and in their own best interests, need care and treatment that may deprive them of their liberty, but who lack the capacity to consent to that care and/or treatment, and where detention under the Mental Health Act 1983 is not appropriate.

6.7 Multi Agency Public Protection Arrangements (MAPPA)

The Health Board is required to discharge its duties as a Multi-Agency Public Protection Arrangement (MAPPA) Duty to Co-operate Agency under s325 Criminal Justice Act 2003.

MAPPA is the process through which the police, probation and the prison services (Responsible Authority) work together with other agencies that have a duty to co-operate to manage the risks posed by violent and sexual offenders living in the community, in order to protect the public.

A MAPPA Strategic Management Board (SMB) covering the South Wales Police Force area is responsible for overseeing MAPPA related activity, including agreeing the role and representation of different agencies within the SMB, and developing protocols and memoranda of understanding which formalise these. The Health Board is represented on the MAPPA Strategic Management Board.

MAPPA offenders are managed on a multi-agency basis through Multi-Agency Public Protection meetings at Level 2 and 3:

- MAPPA 2: High risk of harm – monthly meetings
- MAPPA 3: Very high risk of harm – on a basis of need

6.8 Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 definitions are:

Gender Based Violence:

- a) Violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
- b) Female genital mutilation;
- c) Forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding);

Domestic Abuse is abuse where the victim of it is or has been associated with the abuser.

Sexual Violence includes sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

7 PRINCIPLES

Legislation and NHS Requirements

The Health Board has a duty to comply with the relevant legislation, external standards and good practice guidance:

- Social Services & Well-being (Wales) Act 2014 and the related Codes of Practice; Part 6 (Looked After Children) & Part 7 (Safeguarding Children & Adults at Risk)
- Wales Safeguarding Procedures
- Children Act 1989, section 47 (child protection investigations)
- Children Act 2004 sections 25, 27 and 28 (duty to cooperate to safeguard & promote the welfare of children)
- Mental Capacity Act 2005 and amended in the Mental Health Act 2007 (Supervisory Body and Managing Authority requirements for the Deprivation of Liberty Safeguards)
- s325 Criminal Justice Act 2003 (Multi-Agency Public Protection Arrangements (MAPPA) Duty to Co-Operate Agency)
- Violence against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015
- s5B of the Female Genital Mutilation Act 2003 (amended by Serious Crime Act) [mandatory reporting of FGM in under 18s to the police]
- Counter Terrorism & Security Act 2015 (to address those drawn into, or at risk of being drawn into terrorist and extremist behaviour]
- Safe Care Standard 2.7 of Health & Care Standards in Wales

8 RESPONSIBILITIES

8.1 The Health Board

SBU Health Board has a legal obligation to ensure that the protection and safeguarding of children and adults at risk is of paramount importance. Situations may arise where the privacy rights of others may have to be balanced against the needs of the child/adult at risk.

8.2 The Executive Director of Nursing & Patient Experience

The Executive Director of Nursing and Patient Experience has delegated responsibility for ensuring the safeguarding of children in accordance with Section 28 of the Children Act (2004), and also holds responsibility for Safeguarding under the Social Services & Well-being (Wales) Act 2014.

8.3 The Corporate Safeguarding Team

The Corporate Safeguarding Team is managed by the Head of Nursing – Safeguarding who reports to the Assistant Director of Nursing and Patient Experience. The Team can be contacted for safeguarding advice and support.

8.4 Employee Responsibilities

The Social Services and Well-being (Wales) Act (2014) states that everyone has a duty to report all incidents of alleged abuse of children and adults at risk.

All employees must take positive and decisive action when witnessing incidents, experiencing concerns or receiving information alleging abuse or inappropriate care of a child or adult at risk. Employees can obtain advice and support about concerns they may have from their line manager, the Safeguarding Lead or the Corporate Safeguarding Team.

Employees also have a responsibility to comply with their relevant professional Code of Conduct which will include the standards of behaviour expected outside of work.

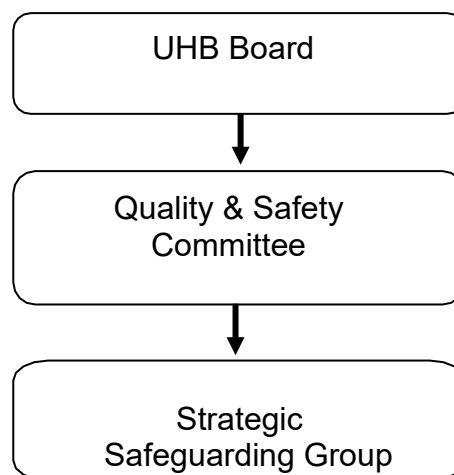
All employees must comply with their statutory and mandatory training requirements, including Safeguarding Adults and Safeguarding Children training.

8.5 Managers Service Groups

The Senior Management Team within each of the Swansea Bay University Health Board Service Groups will have overall responsibility for implementing this Policy.

8.6 Governance & Reporting Arrangements

The UHB Governance and Reporting Structure is outlined below. Each Service Group has representation on the Safeguarding Group meeting who link with their Service Group Clinical Governance process



9 PROCEDURE

9.1 Wales Safeguarding Procedures

The Wales Safeguarding Procedures describe in detail actions to be taken at all stages of the child and adult safeguarding process.

The Procedures are available and can be downloaded digitally via any mobile device. A desktop version of the Procedures is available via www.safeguarding.wales

9.2 West Glamorgan Regional Safeguarding Board Policies & Procedures

All multi-agency safeguarding policies and procedures are approved by the West Glamorgan Regional Safeguarding Board, of which the Health Board is a member agency. They are available via their website.

9.3 Individual Roles & Responsibilities to Safeguard Children & Adults at Risk

All staff must know who to contact to express concerns and how to report those concerns to the Local Authority

- If it is believed the child or adult **is or may be at risk** this must be **reported immediately by telephone** to the relevant Local Authority.
- The **reporting** of concerns should be **discussed with** the child's **parents** and the child as appropriate to their age and understanding. Or with the **adult at risk** or their family/representative if they lack mental capacity to make decisions for themselves.
- The **exception** to this is if such a discussion would place the child/adult at greater risk of harm.
- The telephone report must be **confirmed in writing** within **24 hours** using the appropriate Reporting Form (available on Health Board Safeguarding Intranet page).
- **If, having made the initial report in writing the report maker has not received an acknowledgement from social services within 7 working days, they must contact social services to clarify the outcome.**
- Referrers who are **not satisfied** with the response from the Local Authority must discuss this with the Health Board Corporate Safeguarding Team in line with the **West Glamorgan Safeguarding Board Resolution of Professional Differences Protocol** available on the Health Board Safeguarding Intranet page.
- If it is believed that the child or adult is **not at risk** consider if they would benefit from additional services and with their **consent** make the appropriate referrals.

9.4 Concerns about the behaviour of a member of staff

If the behaviour of a member of Health Board staff, in or out of work, causes concern and may pose a risk to children or adults at risk, staff are instructed:

- Do not dismiss concerns;
- Do escalate your concerns
- To discuss concerns with the Health Board Corporate Safeguarding team or if not available a senior member of the Workforce and OD Team;

The Health Board will act in accordance with the 'Policy for the Management of Allegations of Abuse of Children or Adults by Practitioners and those in Positions of Trust (Professional Abuse/Concerns Policy).'

9.5 Deprivation of Liberty Safeguards Procedures (DoLS)

The Flowchart, (Appendix 2) describes the actions to be taken by Health Board staff with regards to the Deprivation of Liberty Safeguards process.

The Flowchart is available via the Health Board Safeguarding and Public Protection Intranet page.

9.6 Multi Agency Public Protection Arrangements (MAPPA)

The Health Board have a MAPPA Policy and Procedure which is available for staff via COIN

9.7 Violence against Women Domestic Abuse Sexual Violence Procedures (VAWDASV)

The Health Board Ask and Act Policy (2018) provides guidance to support victims of violence against women, domestic abuse and sexual violence and to promote individual's safety whilst they are in contact with Health Board staff and receiving services provided by the Health Board. The Policy explains the processes and procedures that staff will use to identify and respond to violence against women, domestic abuse and sexual violence.

The Ask and Act Policy is available on the Health Board Safeguarding SharePoint.

9.8 Information Sharing

Information must be shared in accordance with the Data Protection Regulations 2018 and the common law duty of confidentiality. Both allow for the sharing of information and should not be automatically used as a reason for not doing so.

In exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or the practitioner deems it to be in the public interest. One of the exceptional circumstances is in order to prevent abuse or serious harm to others. It is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. All staff **must** make a judgement on the facts of the individual case. Where there is a clear risk of significant harm to a child or serious harm to an adult, the public interest test will almost certainly be satisfied. There will be other cases where you will be justified in sharing limited confidential information in order to make decisions on sharing further information or taking action – the information shared should be necessary for the purpose and be proportionate.

You should seek advice from the Information Governance Lead and Corporate Safeguarding Team if you are unsure.

10 TRAINING AND EDUCATION

Safeguarding and Public Protection training is vital in protecting our patients, their families and our communities from harm. Employee awareness of safeguarding issues and responsibilities will be undertaken through mandatory safeguarding adult and children training.

Safeguarding training is available both on a single agency and a multi-agency basis in line with the NHS Safeguarding Training Framework (2018).

11. REVIEW AND AUDIT

Review of this policy will be undertaken no later than three years after the date of approval. This policy may be subject to audit and will be assessed in line with normal audit planning processes, the outcome of any audits undertaken will be reported to the Health Board Safeguarding Group.

12. EQUALITY IMPACT ASSESSMENT

The Health Board is committed to ensuring that as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individuals or groups.

The Health Board has undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. The assessment found that there was no impact to the equality groups mentioned.

13. DISTRIBUTION

This Policy will be available via the Health Board Clinical Online Information network (COIN) and Intranet. Where staff do not have access to these resources, the line manager must ensure that staff are aware of the content as appropriate.

14. RELATED POLICIES & PROCEDURES

- Wales Safeguarding Procedures
- Disciplinary Policy (2017)
- Disclosure and Barring (DBS) Policy & Procedure (2018)
- Procedure for NHS Staff to Raise Concerns (2018)
- Policy for the Management of Allegations of Abuse of Children or Adults by Practitioners and those in Positions of Trust (Professional Abuse/Concerns Policy) 2020.
- Ask and Act Policy, Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (2018)
- Multi-Agency Public Protection Arrangements (MAPPA) Policy & Procedures for SBUHB as a 'Duty to Co-Operate Agency'
- West Glamorgan Safeguarding Board Resolution of Professional Differences (2018)

APPENDIX 1**An overview of the Duty to Report Process**

I am aware of a child or adult that may be at risk of harm? What evidence do I have: disclosure; observation; information?



Do I need to take immediate action to ensure safety? Should I obtain emergency medical aid? Do the police need to be informed a possible crime has been committed?



Is there a designated safeguarding person (DSP) in my agency I can discuss this with? Do I need to contact social services for advice? What is the result of these discussions?



Do I need to make a report to social services? Do I need to try to gain consent? What information do I have to share: core data; cause for concern; individual's living environment?



Should this report be immediate by telephone, followed up in 24 hrs by a written report or is the level of concern such I can make a written report? What advice have I received about this from my agency and social services?

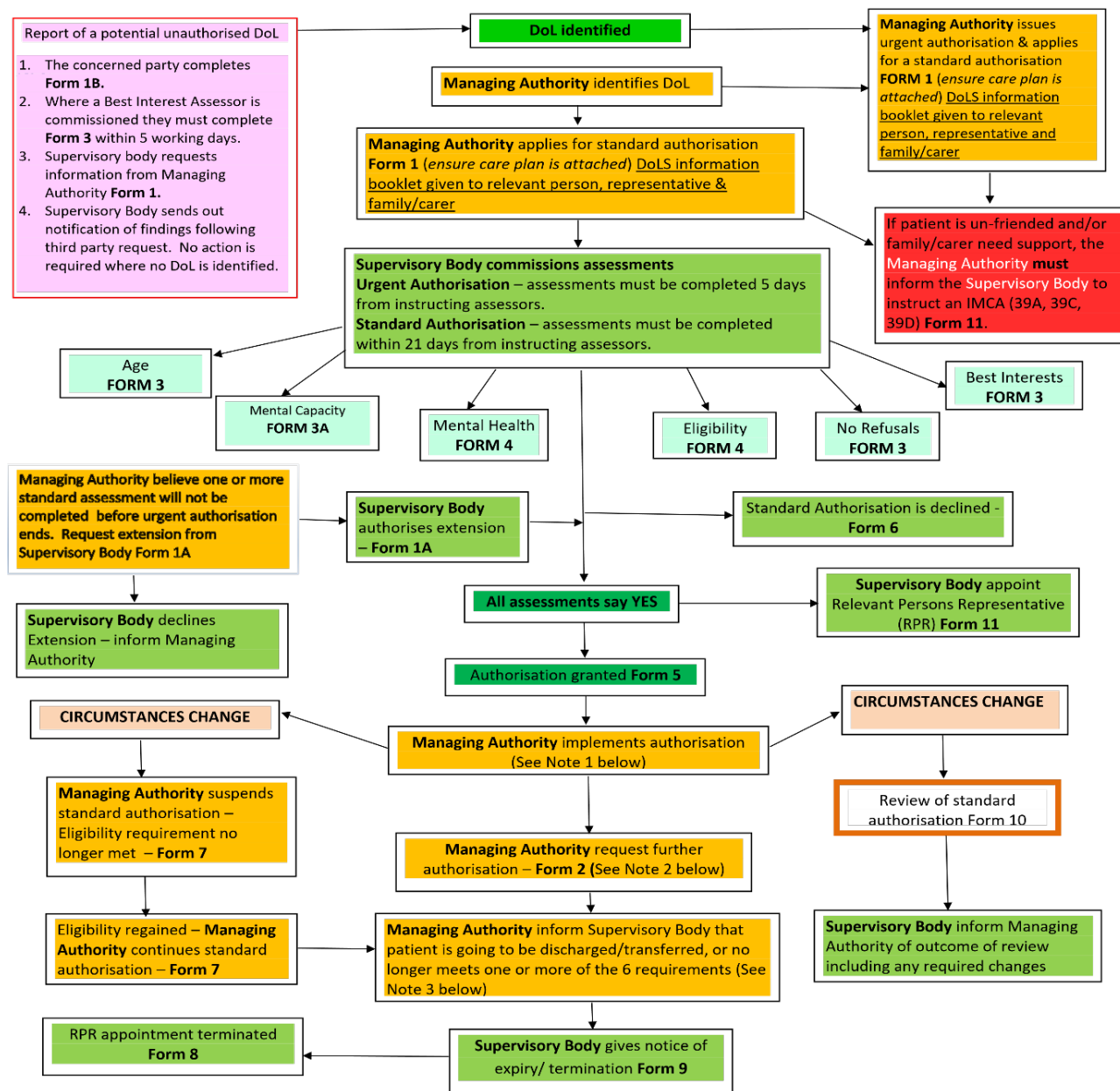


What do I need to do next? Document incident/concerns; inform key people; ensure received response from social services within 7 working days or chase up.

APPENDIX 2

Deprivation of Liberty Safeguards (DoLS) Procedures and Forms Overview

For further information please contact SBU HB Deprivation of Liberty Team 01639 684543 e-mail all forms to SBU.DOLS@wales.nhs.uk (ensure that your Ward & Hospital is included in subject line of e-mail)



Notes for Managing Authority

Note 1

Copy of DoLS Assessments **kept on file**, take note of time frame for Authorisation

The Managing Authority **must** inform the Supervisory Body if an extension to the Urgent authorisation is required (Form 1a) – when they believe that any of the standard assessments by BIA or s12 Assessor are unlikely to be completed within the 7 days the Urgent Authorisation is in force. Conditions - **must** ensure that these are complied with and incorporated into the patient's Care Plan. **Must** monitor conditions to ensure that they are being met in practice.

Keep a record of any Lasting Power of Attorney (LPA) for Health and Welfare Decisions (there should be a copy of the LPA on file) **Note** who is appointed as RPR and ensure staff caring for patient are aware of who RPR is and their role.

Monitor visits by RPR - notify Supervisory Body of any concerns

Ensure **RPR is consulted** on decisions and invited to key meetings

Take note of any recommendations observations and ensure information is made available to any other relevant parties i.e. Social Worker, Occupational Therapist, Matron.

Monitor for any changes in circumstances (see circumstances change footnote)

Note 2

Monitor time scale of Authorisation and ensure that Form 2 is submitted to Supervisory Body with sufficient time to enable a reassessment before the existing authorisation expires

Note 3

Managing Authority must inform the Supervisory Body when patient is discharged or transferred to another hospital site



Swansea Bay University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

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Document Title.	Safeguarding and Public Protection Policy
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Name of Lead Pharmacist.	N/A
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Is the document relevant to the GP Portal.	No
Sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	Approved at Safeguarding Committee
If NICE guidance been considered/referenced when producing this document, please provide the title or reference number.	No
Please provide a brief description/abstract of the document.	To ensure that all staff who work within the Health Board understand and are aware of their responsibilities in relation to safeguarding children and adults at risk, and in relation to public protection.
Equality Statement. (All policies and procedures need to comply with CID76 Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents (WCD)).	Yes
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