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## Health in Justice – Safeguarding Policy

For Establishment Name

Controlled document

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## **1.0 Introduction**

- 1.1** The majority of the prison population originate from backgrounds that can be turbulent, disrupted and complex; their mental and physical healthcare also provides challenges that you do not as often see in any other community.
- 1.2** All staff have a common law duty of care to prisoners which includes taking appropriate action to protect them, and also ensures that prisoners who are unable to protect themselves for whatever reason, are provided with a level of protection which is equivalent to that provided in the community.
- 1.3** Adult and Children Safeguarding in prison means: Prisoners, particularly Vulnerable Adults/Children at Risk - as defined in the Care Act 2014 - are provided with a safe and secure environment which protects them from harm and neglect (HMIP, 2019).
- 1.4** Safer Custody is a team located within a secure setting who are responsible for the assessment and management of offenders at risk of self-harming or suicide and work with the prison discipline staff in the prevention of suicides or deaths in custody. This differs from safeguarding because any person within the prison estate could be vulnerable to forms of abuse that need reporting as a safeguarding incident. Safer custody and safeguarding are often used as interchangeable however these are not the same.
- 1.5** As our prisons vary in organisation and management nationally, and it is recognised that there are a range of processes in place to ensure this duty is met and the responsibility and level of involvement of the healthcare team can often be confusing and not coherent.
- 1.6** Safeguarding responsibilities within the prison settings as defined within the Care Act 2014 defer the responsibility for investigating safeguarding concerns for adults and children in custody to the prison service rather than community safeguarding teams or Local Authorities.
- 1.7** The terms 'Safeguarding', 'Abuse' and 'Neglect'. These have not often been used in prisons, where 'Safer Custody' and 'Risk of Harm' have tended to be the language used when discussing issues of safety.

## **2.0 Aims**

- 2.1** This aim of this policy is to provide procedural guidance for healthcare staff in four key areas:
  - Identifying a safeguarding incident within the prison environment.
  - Understanding how to report a safeguarding incident
  - Understanding their role and responsibility within the referral process.
  - Understand how to seek the assurance the Safeguarding process has been completed in the best interest of the patient.

- 2.2** This is a national policy and therefore, must be adhered to by all Practice Plus Group Health in Justice Sites. It reflects the guidance set out by the Practice Plus Group Safeguarding Policy and must be adopted in all sites. Any deviation from this policy must be approved by the National Quality Assurance Committee and Safeguarding Committee prior to implementation.

This policy is intended to be used at all Practice Plus Group Health in Justice Sites and work in partnership with the HMPPS adult safeguarding in prisons PSI 16/2015.

- 2.3** The appropriate training of staff in the Safeguarding procedure (in accordance with 2018 intercollegiate documents) is an essential component of this policy and must be adhered to by all Health in Justice Sites.

### **3.0 Definition of Safeguarding**

- 3.1** Details of what constitutes a Safeguarding issue are detailed in the Practice Plus Group Safeguarding Policy in Annex A.
- 3.2** Any concerns as to whether an incident warrants a safeguarding referral should be directed to your Regional Safeguarding Lead in the first instance, or Maggie Wood, Director of Nursing and Quality for Health in Justice at DPA However, if in doubt tick the safeguarding box.

### **4.0 Responsibilities**

- 4.1** Everyone who has direct or indirect care for vulnerable patients has a duty to keep them safe.
- 4.2** The site Safeguarding Lead and or CQC Registered Manager has a responsibility to follow up any safeguarding referrals made by healthcare to the prison service in relation to patients within our care
- 4.3** If the Safeguarding Lead or CQC Registered Manager are not satisfied that the prison have responded to the safeguarding referral appropriately this will be escalated to the National Safeguarding Lead for HIJ – Maggie Wood
- 4.4** The Head of Healthcare/CQC registered manager will ensure Safeguarding is included in their report and discussion as part of the Local Delivery Board.
- 4.5** The national Safeguarding lead has a responsibility to support the regional and local Safeguarding leads and agree the next steps around safeguarding cases. These will all be assessed on an individual basis to meet the needs to the people concerned.
- 4.6** A regional Safeguarding lead will be identified by the regional manager in conjunction with the national Safeguarding lead
- 4.7** The regional Safeguarding lead will receive all datix reports for the region that including the safeguarding box being selected.
- 4.8** PSI 16/2016 defines the prisons responsibilities around safeguarding including key mandatory actions including

- *Governors/Directors must appoint a functional head with lead responsibility for adult safeguarding issues*
- *Governors/Directors must have systems in place to protect adult prisoners from abuse and neglect*
- *Governors/Directors must have systems in place for staff, prisoners and others to report suspected instances of abuse or neglect and make them aware of their responsibility to do so*
- *Governors/Directors must have systems in place to record and respond to reports of suspected instances of abuse or neglect, including protecting complainants / reporters from victimisation. (PSI, 16/2015)*

#### 4 Training

5.1 The minimum training requirement for all healthcare staff working within Health in Justice is as follows:

	Non-clinical (Including but not exclusive to: Administration staff, Porters, Business managers)	Clinical (Including but not exclusive to: Nurses, paramedics, Pharmacy technicians, Pharmacists, GP's)	Safeguarding Lead and CQC registered manager
Juvenile, YOI 18 or below, Mother & baby units	Level 2	Level 3	Level 4
Over 18 Adults	Level 2	Level 3	Level 4

5.2 Each site must have an identified Safeguarding Lead who has completed Level 4 Safeguarding Training.

5.3 Individuals are responsible for maintaining competence and their up to date qualification. It is the responsibility of the Head of Healthcare (HoHC) in each site to ensure that new starters are in date with their training.

5.4 Heads of Healthcare should keep accurate records of Safeguarding training for all personnel and record this on the My Practice Plus LMS system

#### 6.0 Children and Young People

6.1 Safeguarding responsibilities for those aged under 18 are set out in PSI 08/2012 Care and Management of Young People.

#### 6.2 Looked After Children

6.3 A Looked after Child (sometimes referred to as 'LAC') is a child who is accommodated by the local authority, a child who is the subject to an Interim Care Order, full Care Order or Emergency Protection Order; or a child who is

remanded by a court into Local Authority Accommodation or Youth Detention Accommodation

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- 6.4 With effect from 3 December 2012, the Legal Aid, Sentencing and Punishment of Offenders Act 2012 amended the Local Authority Social Services Act 1970 to bring children who are remanded by a court to local authority accommodation or youth detention accommodation into the definition of a Looked After Child for the purposes of the Children Act 1989. (Greater Manchester Safeguarding Partnership, 2019)
- 6.5 If information is received or identified that a young person has suffered or is at risk of suffering significant harm in the secure placement, the information must immediately be shared with the
- 
- ☐ Head of Safeguarding
  - ☐ Child Protection Coordinator/ Duty Governor within the YOI
  - ☐ Healthcare Safeguarding Lead.
- 
- 6.6 The investigation of child protection incidents that take place within the secure establishment is the responsibility of the local authority for the area where the secure establishment is located.
- 6.7 If a formal referral is made to Children's Social Care, a Strategy Discussion/Meeting will take place, led by the Children's Social Care for the area where the young person is placed. This should include information shared by the YOS/Children's Social Care.
- 6.8 A Strategy Discussion/Strategy Meeting is normally held following an Assessment which indicates that a child has suffered or is likely to suffer Significant Harm. Section 47 Enquiries are usually conducted by a social worker, jointly with the Police, and must be completed within 15 days of a Strategy Discussion.

The Strategy Discussion/ Meeting must agree:

- ☐ The measures necessary to safeguard the young person's welfare;
- ☐ Whether a Section 47 Enquiry should be initiated by Children's Social Care and the Police.
- ☐ The respective roles of the various agencies involved.

#### **6.9 Relevant Children**

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- 6.10 **Relevant children** are those aged 16 and 17 who meet the criteria for eligible children but who leave care.
- 6.11 Former relevant children are those who before reaching the age of 18 were either eligible or relevant children.
- 6.12 The responsible local authority to be whichever one last looked after an eligible or relevant young person. That local authority will retain its responsibility

wherever the young person may be living in England or Wales. At present responsibility falls to the authority in whose area they live.

## **7.0 Reporting a Safeguarding Incident in HiJ**

- 7.1 When a Safeguarding Incident is suspected wherever possible the Healthcare Safeguarding Lead should be informed. For out of hours or when the Safeguarding Lead is not available the most senior member of healthcare on duty must be informed with a follow up email to the Safeguarding Lead and Head of Healthcare.
- 7.2 The senior should inform the Duty Governor and or the senior manager on duty if out of hours.
- 7.3 The incident should be reported as an incident via Datix by the individual who initially identified the safeguarding concern by ticking the safeguarding box.
- 7.4 All Safeguarding Incidents should be referred for further investigation in line with the local process identified in the site SAF, using the HIJ Safeguarding Referral Form (Annex B).
- 7.5 The Safeguarding Lead will add the incident to the HIJ Safeguarding Log (Annex C) which is also contained within the HiJ SAF
- 7.6 The Safeguarding Lead will arrange agreed regular meeting with the Prison Safeguarding Lead. Care, risk and required action should be agreed acted upon and summarily documented on the HiJ Safeguarding Log

## **8.0 Multi-Professional Complex Case Committee (MPCCC)**

- 8.1 All Safeguarding Incidents should be discussed at the next MPCCC being held and actions documented on Systmone with appropriate care plans as required.

## **9.0 Quality Assurance Process**

- 9.1 The regional Safeguarding Lead will ensure Safeguarding is a standing agenda item at all regional QA meeting.
- 9.2 Regional Safeguarding leads will offer support to the local Safeguarding leads around safeguarding developments and submission of Safeguarding Assurance Frameworks
- 9.3 All sites will complete and submit the Safeguarding Assurance Framework as per submission schedule.
- 9.4 All Safeguarding incidents must remain an agenda item on both the local and regional QA Meetings until resolved. With the expectation that the below sections will be covered at every Local and Regional QA meeting
  - Discussion around safeguarding referrals completed in the quarter or period of time between meetings
  - Discussion and review at both local and regional QA around any trends



with safeguarding referrals

- Discussion and review to be held at the local QA of the current SAF including updating any safeguarding actions
- Discussion and review to be held at the Regional QA meeting of a selection of completed SAF's to share good practice and learning.

9.5 Action plans will be entered on Datix and reviewed at each of the local QA Meetings.

#### **10.0 Continuing concerns relating to Safeguarding**

10.1 Any unresolved concerns should be discussed with the Regional Safeguarding Lead for possible escalation to the National HiJ Safeguarding Lead

#### **11.0 CQC notifiable incidents relating to Safeguarding**

11.1 If an incident is reported on datix and the safeguarding box is selected a call will be held within 1 working day to discuss the incident and agree on any further actions that is required. The call will include the sites Safeguarding Lead or CQC Registered Manager, Regional Safeguarding Lead and Regional Governance Manager.

11.2 A notification must be submitted to the CQC in the event of any safeguarding incident categorized as 'serious' and will be also reported to NHSE via StEIS.

11.3 The decision around if the incident is StEIS reportable will be made via the Serious Incident call including participation from Regional Manager, Regional Governance Manager, Regional Medical Lead.

11.4 Notifications can be made via either CQC portal or completion of notification form and emailed to [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk) via secure email.

11.5 Further information relating to reporting safeguarding incidents can be found at <https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form>

#### **12.0 Safeguarding Assurance Framework (SAF) and audit**

12.1 The Safeguarding Assurance Framework is a locally held live document that contains information specific to the site around referrals, learning and opportunities and initiatives to improve safeguarding on site

12.2 Completed and updated SAF will be submitted to [audits@practiceplusgroup.com](mailto:audits@practiceplusgroup.com) every quarter for review by the National Safeguarding Team.

12.3 Safeguarding compliance audits must be submitted to the audit team via iAuditor quarterly as per HiJ audit schedule

12.4 SAF is to be reviewed at all local QA meetings.

12.5 Any queries relating to SAF completion directed to Regional Safeguarding Lead in the first instance, or escalated to HiJ National Safeguarding Lead.

### **13.0 Safeguarding Supervision**

- 13.1 Safeguarding Supervision should be made available for all staff at a minimum of 3 monthly or following completion of a safeguarding referral.
- 13.2 Safeguarding Supervision should be completed by the sites Safeguarding Lead, or other staff who have undertaken Safeguarding Supervision Training.
- 13.3 The purpose of the Safeguarding Supervision
  - Personal support
  - Administrative case management
  - Reflecting on & learning from practice
  - Mediation, in which the supervisor acts as a bridge between the individual staff member & the organisation
  - Professional development
- 13.4 Safeguarding Supervision can take place as 1-1, peer or group supervision.
- 13.5 Safeguarding Leads on site should access supervision from other Safeguarding Leads as peer supervision, at a minimum of 3 monthly or following a safeguarding referral where the individual feels supervision is required sooner.
- 13.6 Regional Safeguarding Leads access group supervision and support via the Regional Lead Network.

### **Annex A - Practice Plus Group Safeguarding Policy Child and Adult**

- **Policy CUK: HC/28:** Safeguarding Adults Policy, Kate Carter, Version 3, Updated 15<sup>th</sup> January 2018.

<https://mypracticeplus.com/policy-manager/2015/09/safeguarding-adults-policy>

<https://mypracticeplus.com/policy-manager/2015/06/safeguarding-children>

## Annex B - HIJ Safeguarding Referral Form

HMP ..... - Health In Justice Safeguarding Referral Form

Referral Details	
Date of notification:	
Name of referrer:	
Role of referrer:	

1.2 Adult (subject) Details			
Forename:		Surname:	
Any known Aliases:			
Date of Birth:		Date of Death: (if applicable)	
Address:			
Gender:		Disability:	
Ethnicity:		Faith:	
Legal Status of the Adult ( <i>Please tick</i> )			
Detained under the Mental Health Act		Subject to 117 (Mental Health Act)	Subject to Guardianship
Subject to Deprivation of Liberty		Lasting/Enduring Power of Attorney Registered	Mental Capacity Assessment completed
Legal Status Unknown		Other ( <i>please provide details</i> )	

1.3 Family composition/significant others			
Name	Relationship to adult	DOB	Address

1.4. Agencies known to be involved with the adult <i>(please include names and contact details)</i>			
Name	Agency	Contact details	Are they still involved?

1.6 Types of abuse <i>Please identify the type(s) of abuse relating to this case (more than one may apply) – tick any that apply</i>					
Physical Abuse		Modern Slavery		Domestic Violence	
Discriminatory Abuse		Sexual Abuse		Organisational Abuse	
Psychological Abuse		Neglect and Actions of Omission		Financial or Material Abuse	
Self-Neglect		Serious Illness		Other (Please specify)	

1.7 Incident Leading to the Referral			
Date(s) of Incident:		Date of Death of the Adult (if different):	
Location of Incident:			
<p><b>Please outline events and circumstances which triggered this referral:</b> <i>This is to help establish if the case meets the criteria for conducting a Safeguarding Adults Review and does not need to be detailed analysis of involvement at this stage</i></p>			

What are your <b>safeguarding</b> concerns?	What resources/services are already in place for?	What needs to happen next?

## Annex C - HiJ Safeguarding Log

Type	Datix Number	Date of Referral / call	Adult / Child	Theme	Reason (Brief description) of Referral	Actions Taken	Further Escalation	Date CQC Registered Manager Informed	Summary and Date of Response from Prison

# Practice Plus Group Health in Justice

## Reporting safeguarding at local level

When a Safeguarding Incident is suspected intervene wherever possible, if it is safe to do so.

Complete referral form and hand over to the prisons safeguarding governor.  
Notify site safeguarding lead and CQC registered manager that a referral has been submitted to the prison.  
For out of hours notify the most senior member of healthcare on duty and the duty governor immediately.

Site safeguarding lead or nominated other should update the local Safeguarding Assurance Framework (SAF) with detail of referral.  
When entering the incident onto Datix please select the safeguarding box.  
Update records with any information relevant to the person's healthcare needs.

If the outcome of the prison investigation is not felt to be satisfactory the CQC registered manager should notify the governing governor of concerns. If this leads to no further actions being taken the  
**CQC Registered Manager contact:** DPA  
(National Safeguarding Lead) to discuss the ongoing concerns.

**SAFEGUARDING IS EVERYBODIES RESPONSIBILITY**



## References

- Greater Manchester Safeguarding Partnership (2019) *Safeguarding people in the secure environment*. [Online] available at [http://greatermanchesterscb.proceduresonline.com/chapters/p\\_sg\\_yp\\_secure\\_estate.html](http://greatermanchesterscb.proceduresonline.com/chapters/p_sg_yp_secure_estate.html). (Accessed February 2019)
- NOMS agency board, Reissued December 2016. *Adult Safeguarding in Prisons* PSI 16/2015
- Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. First edition: August 2018
- Her Majesty's Inspectorate of Prisons. Our expectations: Safeguarding, <https://www.justiceinspectors.gov.uk/hmiprison/our-expectations/prison-expectations/safety/safeguarding/> (accessed March 2019)
- <https://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/collaborative-working-and-partnership/prisons-and-persons-in-approved-premises.asp> (accessed September 2020)

