



Safeguarding Newsletter

In this issue...

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Our Intranet Page

Please don't forget to access the Safeguarding section of the intranet to find out more information about key Safeguarding topics and processes.

[Safeguarding Homepage](#)

Christmas Collection 2018	Page 2
DSCB 2 Minute Briefings	Page 3
Medical Neglect and Rethinking 'Did Not Attend'	Page 4
Information from Safeguarding Adults	Page 5
Revised Nottinghamshire Adult Safeguarding Procedures	Page 6
Children's Social Care Referrals in Nottinghamshire	Page 7
Female Genital Mutilation Information Sharing (FGM-IS)	Page 7
Action Plan from Doncaster Suicide Prevention Group	Page 8
Child Protection Information Sharing (CP-IS)	Page 9
National 24 hour Domestic Abuse helpline	Page 10
Domestic Abuse Intranet Page and Information	Page 11
MARAC Alerts on Symphony and Camis	Page 12
Feedback for Staff from Safeguarding Adults	Page 13
Safeguarding Training Dates for 2019	Page 14



The Safeguarding Team would like to wish you a Merry Christmas and a Happy New Year. We hope you enjoy our Christmas Edition of our Newsletter.



Christmas Collection 2018



This year the team wanted to help families in Doncaster who may find the festive period difficult. Amanda, our Safeguarding Adults Nurse, organised a collection to be donated to Doncaster Foodbank. We want to say a massive thank you to everyone who contributed. The donations were gratefully received and will make a big difference. We had a huge response and want to say a special thank you to the following people for organising collections in their areas: Sue, Ward Clerk on AMU, Jackie in Audiology, Maternity Records and Reception (who gave a beautifully wrapped and decorated box of goodies!), Michelle in Histology and Katie in Skin Integrity team.



The donations were delivered on the 12th December to Doncaster Christchurch Foodbank which is run by the Trussell Trust. If you would like to make any further donations, please feel free to drop them off with us and we will happily take them on your behalf or you can contact them direct at:

07885672808, info@doncaster.foodbank.org.uk or give them a visit at Doncaster Foodbank, Christ Church, Thorne Road, Doncaster, DN1 2HG.

They are also holding a free family event on Saturday 15th December between 1 and 5pm with free games, activities and face painting for anyone who may be interested.



DSCB 2 minute briefings

Serious injuries to infants and the withdrawal of consent to services

The DSCB undertook a Learning Lessons Review in relation to an infant who is believed to have experienced serious injuries as a consequence of being shaken. The learning from this review is presented below in the form of a case study. Individual actions have been taken where appropriate by the agencies involved. The DSCB has identified the wider learning which is relevant to all practice. There is an ongoing police investigation.

Jack is a young infant who was living with his mother and step father at the time the injuries were sustained. There were some risk factors that a review of research indicates are associated with serious injuries to young children. There are also a number of risk factors that were not present emphasising the often unpredictable nature of severe physical abuse. Identified risks can be reduced using the good practice guidance outlined below.

What it told us.....Jack was subject to a Children and Families assessment as a Child in Need. The assessment focussed on the most obvious concern regarding mother's parenting capacity and failed to explore other areas of concern.

What we all need to do now.....Assessments need to be holistic and consider all aspects of a child's life including the factors that impact on parenting capacity. Both strengths and risk factors need to be considered and balanced to form an analysis of the child's circumstances.

What it told us..... The case was closed without convening a strategy meeting. The rationale was that the family as required support under Section 17(10) of the Children Act '89 but the family chose to decline the service which they were entitled to do given that engagement with CIN planning requires consent. However this assessment was based on incomplete information.

What we all need to do now..... Where risk factors have not been sufficiently explored or information remains unknown a multi-agency strategy meeting should be convened to consider whether closing the case is the correct decision. Withdrawal of consent alongside unknown risk factors may give "reasonable cause to suspect that the child is suffering significant harm" under Section 47 of the Children Act. Child protection enquiries can continue without parental consent.

What it told us.....During the course of the review a professional stated that she was unhappy with the decision to close the case and challenged the social worker regarding this. No record was made of this conversation nor was the concern escalated to senior managers.

What we all need to do now....The DSCB has a clear escalation process for resolving professional differences. The full procedure can be accessed via the following link
http://doncasterscb.proceduresonline.com/chapters/p_resolving_prof_diff.html



Medical Neglect and Rethinking 'Did Not Attend'

What is medical neglect?

Medical neglect: This involves carers minimising or ignoring children's illness or health (including oral health) needs, and failing to seek medical attention or administering medication and treatments. This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse; (Horwath 2007)

In order to determine whether a child is being neglected, professionals need to consider:

- Severity – the actual or estimated potential harm as well as the degree of harm involved.
- Likelihood of harm – both the potential medical and psychological ramifications should be considered.
- Frequency – measuring the frequency or chronicity of a problem. (Dubowitz 1999)

What can prevent practitioners from effectively responding to medical neglect?

- Empathy with the parent allows them to overlook risks to the child
- Focus on parental/ family issues rather than impact on child
- Over-reliance on parents self-reporting
- Non-medical practitioners may
- not fully understand the extent and complexity of the health issues
- feel more equipped to focus on other issues, rather than addressing medical conditions
- feel reassured that specialist medical staff are involved with the child, rather than seeing this as an indication of the severity of the medical condition

As practitioners, how can we respond effectively to medical neglect?

- Use clear and explicit language in relation to risks associated with complex medical conditions.
- Seek expert advice if you are not sure of the potential risks to the child.
- Ensure assessments are very clear about needs arising from medical conditions, and the risks associated with any failure by the parent to engage or comply with treatment.

- Use medical chronologies and medication reviews where appropriate to support referrals to Children's Social Care and within assessments to provide clarity to all involved of the extent, pattern and severity of concern.
- Consider discharge planning meetings for children with complex medical conditions where there is a pattern of admissions to hospital.
- Think differently about the established term 'Did Not Attend' and consider it within a framework of 'Was Not Brought.' Consider the impact of not being brought on the child's treatment and potential safeguarding risks.
- The voice of the child and their lived experience needs to be evident in assessments, inform planning and be present in meetings.
- Be concerned if a parent places age-inappropriate expectations on the child to look after their own medical needs.
- Maintain professional curiosity and do not allow the empathy you feel for the parent to cloud your understanding of what impact their behaviour has on the child.
- Consider the need for a multi-agency meeting to develop a better shared understanding of the level of risk.

Further reading and resources...

- Rethinking 'Did Not Attend' animation <https://www.youtube.com/watch?v=dAdNL6d4lpk>. Nottingham City Council, NHS Nottingham City CCG and the NCSCB have jointly commissioned an animation to encourage practitioners to identify children as 'Was Not Brought' as opposed to 'Did Not Attend' when referring to them not being presented at medical appointments.
- NSPCC report *No one noticed, no one heard* can be found here - <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2013/no-one-noticed-no-one-heard/>
- Check if your own organisation has any specific practice guidance in this area.

Information from Safeguarding Adults

ALERT

PLEASE NOTE:

When making a Safeguarding Adults referral to **Nottinghamshire MASH**, please make sure you inform the Safeguarding Adults Team of the patients name and the type of abuse suspected.

They can be contacted on:

642437

dbth.safeguardingadultsreferral@nhs.net

If you make a **Deprivation of Liberty Safeguards (DoLS)** application, please inform the team using the same contact details.



Mental Capacity and Deprivation of Liberty Safeguards

The Safeguarding Adults team are happy to attend ward/department meetings to discuss MCA/DoLS. If you have any queries around the process and would like us to attend your area, please contact the Safeguarding Team on 642437 to arrange.

Please note: this is in addition to Level 2 Safeguarding Training and does not replace it.

Please take a look at the [Guidance on Supporting Adults who disclose non-recent \(historical\) child/young person sexual abuse](#).

Safeguarding Adults and Mental Capacity Act Training via eLearning

Please remember staff are now able to access Safeguarding eLearning at Level 2 for both Adults and Children and for training on the Mental Capacity Act. For instructions on how to enrol and play these eLearning packages correctly, please click [here](#).

Revised Nottinghamshire Adult Safeguarding Procedures

On 5th November the fully revised and combined Nottingham City and Nottinghamshire County Adult Safeguarding Multi-agency Procedures for Raising a Concern and Referring and accompanying guidance officially go ‘live’. These two online documents describe how all colleagues can make a safeguarding referral as well as offering practical guidance about identifying and working with different types of abuse.

As you will see from the accompanying ‘Summary of Changes’ note, the procedures and guidance have been updated to reflect current best practice as well as incorporating changes brought about by the recent introduction of the Data Protection Act 2018. We believe they offer all partner agencies a comprehensive yet accessible set of tools they can utilise to ensure that those people they work with can be as safe from harm and risk of abuse as possible.

The procedures and guidance can be found using the following links to both the [Nottingham City](#) and [Nottinghamshire](#) Adult Safeguarding Boards websites.

Summary of Changes

Changes have been made to the procedures and guidance to:

- Clarify the issue of consent and information sharing

The Data Protection Act 2018 allows the sharing of information when the Care Act 2014 requires you to do so without obtaining the consent from the adult or their representative; if it is in the legitimate interests of the person at risk and your organisation or to protect the vital interests of the people at risk against immediate danger. The Care Act states that consent to make a referral is not necessary if other people, could be at risk from the person causing harm; It is necessary to prevent crime or a serious crime has been committed; there is reason to believe that the adult’s health and/or well-being will be adversely affected by ongoing harm or abuse; the person posing a risk has care and support needs and may also be at risk; or you believe that the adult is being coerced or fearful of repercussions. Where none of these apply you should seek consent from the adult (or their representative) to make a referral and provide them with information about how they can withdraw their consent by contacting the relevant local authority. It should be noted however, that the legal basis for making a safeguarding referral in the paragraph above should be followed wherever it is appropriate to do so. Unless it would jeopardise their or other’s safety you should have a discussion with the adult or their representative informing them of the decision and the reasons for the referral. You need to ask what they want to achieve and explain what is or may be required to undertake a section 42 enquiry including the need to share appropriate information with partners. When information is gathered from non-professionals such as witnesses or relatives, it is important that, if their personal data (e.g.name and address) will be included in the referral, those people are informed that their details may be shared with other bodies. Unless, to do so, would jeopardise the safety of the adult at risk or others.

- Strengthen ‘Making Safeguarding Personal’ in the documents

Adopting a person centred approach, reflecting the six principles of the Care Act - Empowerment; Prevention; Proportionality; Protection ; Partnership and Accountability, has been given more prominence and emphasis in the referral procedures.

- Clarify and update non-recent abuse guidance

The section on non-recent abuse (previously referred to as historical abuse) has been updated to clarify that, when an allegation relates to non-recent abuse that happened when an adult was under 18, it should be dealt with under the Children’s Safeguarding Procedures and if the allegation relates to abuse that happened when the adult at risk was aged over 18, then the Safeguarding Adult procedures should be followed.

What’s been added?

- Early intervention and prevention section

The guidance now has advice on early intervention and prevention which provides tips for front line staff visiting adults in their own home or in care settings. There is also a section on reducing the potential risk of financial exploitation. There are also sections on promoting well-being and independence; tackling social isolation and support for carers.

- Pressure ulcer damage section

Before considering whether to make a Safeguarding Adults Referral in respect of Pressure Ulcer damage you must first complete the forms in the Department of Health’s Pressure Ulcer Protocol which will help to determine the appropriate action including whether a Safeguarding referral is required.

Children's Social Care Referrals in Nottinghamshire

Referring to Children's Social Care



Worried about a child? Do you think a child is being abused?

In Nottinghamshire the MASH (Multi-Agency Safeguarding Hub) have a new on-line referral form.

For children living in the **Bassetlaw** area please report your concerns via the link:

<http://www.nottinghamshire.gov.uk/care/safeguarding/childrens-mash/report-a-new-concern-about-a-child>

To ensure the Safeguarding team receive a copy please put our generic email (DBH-tr.safeguarding@nhs.net) in the section that asks for your email. We will then receive the outcome and forward it on to you as the referrer.

For any Safeguarding advice or support please ring the Safeguarding team on 01302 642437.

Female Genital Mutilation Information Sharing (FGM-IS)

Alongside the recently implemented CP-IS there is now an alert for female children to be flagged for Female Genital Mutilation (FGM).

The FGM-IS tab just has a drop down option for the date. To record the family history you just press the blue button, there is no free text. Alerts can be added to new-born girl's records.

Adding the Alert doesn't mean we are flagging her "at risk" of FGM we are stating and recording that there is a family history of FGM.

Add Female Genital Mutilation Information Sharing Indicator

Add FGM-IS Indicator

I have identified a family history of FGM for this child. I have decided that, as part of my safeguarding actions, I will add this indicator to her record to share the information. I have spoken to the family, and recorded this action in her records. (This may be completed by an administrator / other professional with delegated responsibility on behalf of the identifying clinician.) Confirm

* FGM Family History Identified Date 17-Apr-2018

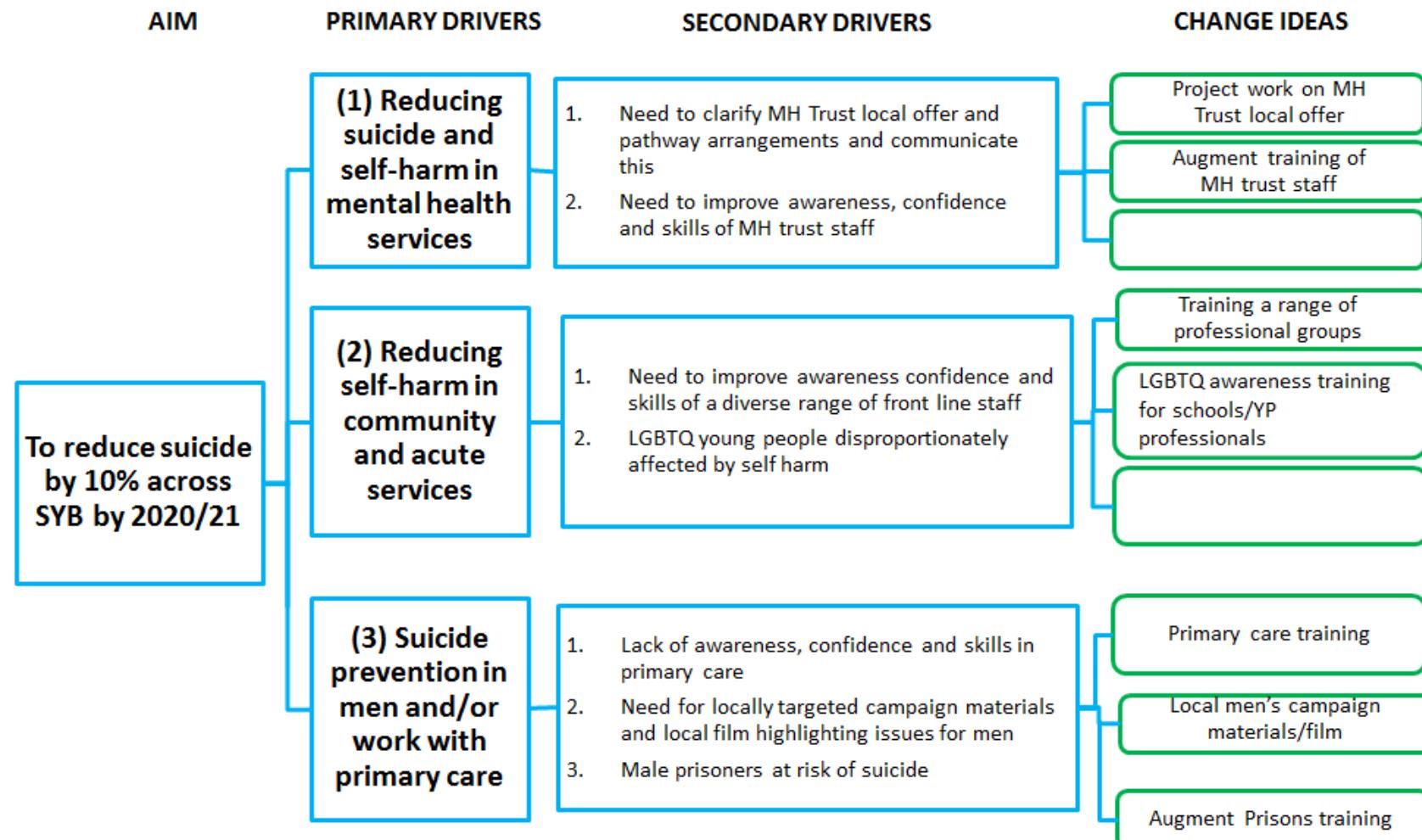
For help, see your local safeguarding guidance OR guidance here: www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm.

Remember wider safeguarding responsibilities; if you have any safeguarding concerns including FGM, take appropriate action.

The DBTH FGM Policy is currently being updated to reflect this addition.

Action Plan from Doncaster Suicide Prevention Group

Doncaster - Suicide Prevention Plan



Child Protection Information Sharing (CP-IS)

DBTH are now live

The *Child Protection – Information Sharing* (CP-IS) service is an NHS England sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings such as: accident and emergency; maternity; minor injury units; out of hours; paediatric wards and walk-in centres.

The information sharing focuses on three specific categories of child only:

- Those with a Child Protection Plan (CPP)
- Those children ‘Looked After’ by the Local Authority (LAC).
- Any unborn child that has a Child Protection Plan.

Alerts are now visible next to the child’s name when they attend any of our Emergency Departments or Minor Injuries Unit.



They look like this:

This indicates that the child is in one of the three areas above.

Staff can then access the Summary Care Record as this is where the information is held. The information is limited to the kind of plan, when the plan was instigated and the originating authority with telephone number. It will look like this:

CP-IS Information
Information retrieved 23-Jun-2016 10:26

Person: NEIL Livdeep NHS Number: 947 565 4127
Date Of Birth: 16-Feb-2005 Gender: Male

Current Child Protection Information			
Type of Plan	Start Date	End Date	Responsible Local Authority
Child Protection Plan	15-Jun-2016		NEWCASTLE CITY COUNCIL (V002)
Looked After Child	15-Jun-2016		NEWCASTLE CITY COUNCIL (V002)

Child Protection Information Previously Viewed By			
Date & Time	Viewed By	Role	Organisation
23-Jun-2016 10:26	Dr Quincey Jones	Children's Safeguarding Lead	ASCRIBE (SANDPIT ONLY) (YGMOB)

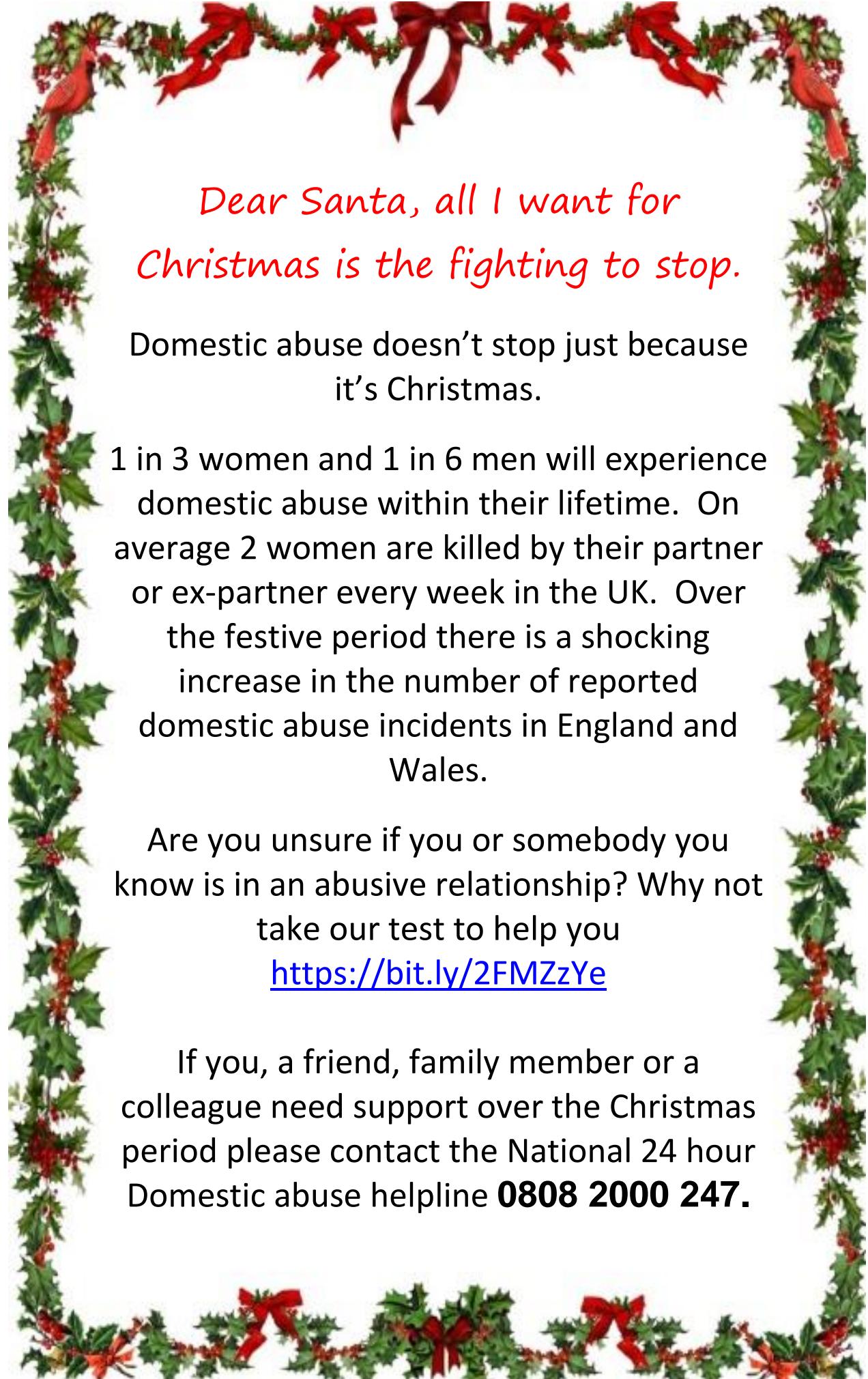
Done

You can ring the number to share information about the child if necessary. If a child in one of the categories attends and there are no concerns you may not have to do anything. An automatic alert is sent to the social worker or team looking after the child. This will let them know the child has attended our hospital but no further details. They will have the option to ring for further details but their contact is the Named Nurse for Safeguarding Children.

IMPORTANT

This does not replace any current processes for referring. It enhances information sharing. You have a duty to report a child to children’s social care if you think they are at risk of harm and the usual process should be followed.

For further information please do not hesitate to contact Elizabeth Boyle, Named Nurse for Safeguarding Children 01302 642436.



*Dear Santa, all I want for
Christmas is the fighting to stop.*

Domestic abuse doesn't stop just because it's Christmas.

1 in 3 women and 1 in 6 men will experience domestic abuse within their lifetime. On average 2 women are killed by their partner or ex-partner every week in the UK. Over the festive period there is a shocking increase in the number of reported domestic abuse incidents in England and Wales.

Are you unsure if you or somebody you know is in an abusive relationship? Why not take our test to help you

<https://bit.ly/2FMZzYe>

If you, a friend, family member or a colleague need support over the Christmas period please contact the National 24 hour Domestic abuse helpline **0808 2000 247**.

Domestic Abuse Intranet Page and Information

Intranet homepage x +

Not secure | intranet/Corporate-Directorates/Nursing-Quality/Domestic_Abuse.aspx

Site Contents

- Home
- About Us
- The Trust's public pledge to the Speak Out Safely principles
- Ask the Boss
- Freedom of Information requests - advice
- DBH Stars: our new staff awards scheme
- Staff Matter
- Applications
- Documents and BlueSpier
- Meetings
- Training & Education
- Travel
- Telephone Directory
- Care Groups
- Safeguarding Team
- Corporate Directorates
- Information
- Fire, Fraud, Safety and Security
- Estates & Facilities
- Reporting a Problem
- New Developments
- New Intranet Guide
- Links to External Websites
- Telephone Directory

Domestic Abuse

1 in 3 women and 1 in 6 men will experience domestic abuse within their lifetime. On average 2 women are killed by their partner or ex-partner every week in the UK.

Are you or a colleague experiencing domestic abuse?

Please speak to your line manager, a member of the Safeguarding Team or one of the many support services listed, who can offer support and guidance in a sensitive environment.

Domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional. It also includes issues which concern women from minority ethnic backgrounds, for example, forced marriage and female genital mutilation.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from support, exploiting them for personal gain, depriving them of independence and freedom and managing their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Please refer to the Domestic Abuse Policy PAT PS 12 V2 which can be found on the intranet policy page.

Are you concerned about a patient or relative?

Is there a child/children (under 18 years) in the family?

Is the person of concern pregnant?

Even if a child is not directly involved or witness to domestic abuse, the impact of being part of a family involved with domestic abuse can be devastating and lifelong.

ANY incident of domestic abuse where there are children in the family or the person of concern is pregnant is a safeguarding issue and **MUST** be reported to Children's Social Care, following the Safeguarding Children Policy found on the trust intranet. This referral can be made without parental consent.

Adult Referral Process

If an adult (16 years and over) is experiencing domestic abuse, discuss confidentiality, offer empathetic support and provide access to domestic abuse support services. The adult must consent to any referral to support services.

Safeguarding
Children & Adults
0800 470 1505
Doncaster Domestic Abuse Service
A life free from Domestic Abuse
0808 800 0340
Nottinghamshire Women's Aid Survive & Thrive

Contacts & Information
DBTH Safeguarding Team

- 01302 642437
- dbh-tr.safeguarding@nhs.net

Latest News and Updates

- NICE Guidance
- Safe Lives
- Coercive Control E-Book

Relevant Documents

- Doncaster DASH Form
- Bassetlaw DASH Form
- Government Domestic Abuse Guidance
- Controlling and Coercive

Health professionals are often in a good position to identify cases of domestic abuse. 1-1.5% of A&E attendances are due to domestic violence and 30% of domestic abuse commences during pregnancy (SAFE LIVES 2018).

The new Safeguarding domestic abuse intranet page offers advice on how to support patients/relatives who may be experiencing domestic abuse and has direct links to up to date support services for both Doncaster and Bassetlaw areas.

Working with the health and wellbeing team there is now also a direct link from the health and wellbeing intranet icon to the Safeguarding domestic abuse intranet page, offering advice to staff that may be experiencing domestic abuse themselves or are concerned about their colleagues.

The page can be accessed [here](#).

MARAC Alerts on Symphony and Camis

Have you seen these alerts when accessing Camis or Symphony records?

THIS IS A TEST PATIENT

We now have an established system for adding patient alerts to Symphony and Camis records. These alerts highlight if a patient has been a victim of high risk domestic abuse, is a perpetrator of high risk domestic abuse and/or if the patient is a risk of violence to professionals and has been discussed at MARAC. The alerts aim to ensure that our response to the patient at future attendances reflects the fact that they are a high risk victim of domestic violence and that any further attendances would prompt an enquiry to the cause, an offer to see the patient alone when it is safe to do so and to share information with and, if appropriate, make a referral to other agencies.

THIS IS A TEST PATIENT

A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVA's) and other specialists from the statutory and voluntary sectors. The MARAC seeks to protect those patients who are at high risk of being killed, or seriously injured, from further abuse through a co-ordinated action plan from all agencies and organisations. MARACs have been proven to reduce repeat victimisation, therefore directly improving the quality of life for the patients and children in our care.

The MARAC will also highlight cases where issues of staff safety are important.

Lindsey Mounfield, Specialist Nurse for Safeguarding, is the trusts MARAC representative and attends both Doncaster and North Nottinghamshire MARAC's which are held fortnightly. She provides relevant information from hospital and maternity records and feeds back the plan of action to relevant practitioners. Lindsey also attends both MARAC steering groups and sub groups for domestic and sexual abuse from Safer Stronger Doncaster partnership and Bassetlaw, Sherwood and Newark Safety Partnership.

Patient Registration

Patient Details		Personal	Carer/Next of Kin	Scratchpad	GP/Dentist	Addresses	Names	Contacts	CPI
Alert (CPI) - Other Allergy Clinical UNKNALL = Unknown Allergy From: 02/10/2015 To: Alert (CPI) - Adult Safeguard Clinical DOMESTICV = Domestic Abuse Victim From: 18/01/2017 To: Alert (CPI) - Admin Clinical Alert (CPI) - Drug Allergy Clinical Alert (CPI) - Child at Risk Clinical Alert (CPI) - Clinical Clinical Alert (CPI) - Correspondenc Clinical Alert (CPI) - Infection Cont Clinical Alert (CPI) - Information Clinical Alert (CPI) - Interpreter Clinical Alert (CPI) - Transport Clinical Alert(CPI)-Patient Informat Clinical									

Warning! - This patient has a Special Case alert for 'Known Violent/Abusive'

OK

Carter, Christine (Mrs), Female , DoB: 12/06/1989, Age: 29 Years
NHS Number: District Numbr.: D6000127

Marital Status: Single

Surname	Forename	Employment Status	Employed	Carter
		School	:	19 PARKLAND CRESCENT
		Not Listed School	:	BENTLEY
		Religion	:	DONCASTER
		Overseas Status	: Not Applicable (Not an	DN5 0AJ
		Ethnic Group	: White - British	Tel(H):
		Preferred Spoken Language	: English	Tel (Mob):
		Comments:		Tel(W):
Description		Number		
Symphony Patie...		1318		
System A+E Nu...		DRI-18-019159		
Alternative Num...		D1801915901		

19 PARKLAND CRESCENT
BENTLEY
DONCASTER

DN5 0AJ
Tel(H):
Tel (Mob):
Tel(W):
Extension:
HA : Q32 CCG : 02X

Allergies: Special Case | Special Needs
Current Safeguarding Concern - Child, Known Violent/abusive, High Risk Victim Of Domestic Abuse, High Risk Perpetrator Of Domestic Abuse

C86017
KINGTHORNE HOUSE
83A THORNE ROAD
DONCASTER
SOUTH YORKSHIRE
DN1 2EU
01302 342832
MC Coleman
G8701165

Carter, Christine          213d 29y F Abdominal Pain B 1600 KMS RI 6

Carter, Christine (Mrs), D6000127, Female, 12/06/1989, Age: 29 Years
DRI-18-019159-1, 30/04/2018

Care Group:	Green ED
Complaint:	Abdominal Pain
Time in Dept.:	213d
Seen By:	Khairul Mohammed Shahdan
Location:	Waiting Room
Overdue:	Referral Outcome(GENERAL MEDICINE), DTA Outcome(GENERAL SURGERY), Waiting For Interventions From EWS, Waiting For Interventions From EWS, Waiting For Referral Outcome From Referral, Waiting For Triage From ED Episode
Special Cases:	High Risk Perpetrator of Domestic Abuse, High Risk Victim of Domestic Abuse, Known Violent/Abusive, Current Safeguarding Concern - Child
Special Needs Perm:	Impaired Hearing
Allergies:	Aspirin
Snr Review:	Lakshmi Iavala
Referrals:	GENERAL MEDICINE
DTP:	GENERAL SURGERY
Ward:	AMU
BedReady:	1100
Nurse to Nurse:	Yes

Feedback for Staff from Safeguarding Adults

Good Practice

A patient disclosed that her family were asking for money all the time, she felt intimidated and gave it to them. (They didn't openly steal from her). She didn't want to go home as they were quite threatening and intimidating.

- The nurse assessing the patient suggested that she phone the police.
- Patient reluctantly agreed to do so, and was supported by the Hospital Social Worker

Outcome: This had been an ongoing situation; the perpetrators were arrested and taken into custody.

Good practice identified: Supporting patient to talk to police, even though she was 'giving' her family money

A patient was admitted as an emergency and lacked capacity to consent to treatment (potential surgery).

The clinician waited for a few days until the treatments had been effective, and revisited the decision to be made with the patient. The patient had regained capacity and was able make the decision. The patient opted for conservative treatment and was able to rationale the decision and her reasons for it.

Good practice identified: the assessment process was thorough and allowed for the patient to regain capacity. The clinician's documentation of the capacity assessment was also excellent.

Near Misses

A patient was admitted to the Emergency Department at Bassetlaw. Safeguarding concerns were raised appropriately via Social Care.

- Patient was transferred to DRI for clinical reasons with a further transfer from ward to ward.
- Safeguarding concerns noted in case notes, but the patient was discharged back to the care home, where it is alleged neglect took place.

Outcome: In this instance neglect was unsubstantiated and no harm was caused.

Lessons:

- Please ensure safeguarding concerns are passed on if transferring a patient.
- Please check when patients are open to safeguarding that discharge will be safe.

Concerns were noted by a clinician regarding how a patient presented (?Neglected/unkempt) when attending her appointment.

- Called Safeguarding Team for advice, they advised staff member to make a referral & directed to the correct form.
- Staff member disputed that she should complete a form - feeling that she had told the Safeguarding Team; therefore it was not her responsibility.

Outcome: the patient needed a care needs assessment completing. Social Care would arrange this once concerns form was received.

Lessons to learn: **Safeguarding is everybody's business.** If you have concerns, or have received a disclosure you make the referral; Do not leave it to someone else.

You may leave someone at risk.

Safeguarding Training Dates for 2019

Please book Safeguarding Training via the Training Department on 01302 642055.

Safeguarding Training Level 2 Children & Adults		
Date	Time	Venue
17.01.19	9am – 1pm	DRI Learning Room 3 and 4
13.02.19	1pm – 5pm	DRI Lecture Theatre
19.03.19	9am – 1pm	BDGH Boardroom
16.04.19	9am – 1pm	DRI Learning Room 2
13.05.19	9am – 1pm	MMH Boardroom
03.06.19	1pm – 5pm	DRI Lecture Theatre
26.06.19	9am – 1pm	DRI Learning Room 2
08.07.19	9am – 1pm	DRI Lecture Theatre
12.08.19	1pm – 5pm	DRI Learning Room 2
02.09.19	9am – 1pm	MMH Boardroom
19.09.19	9am – 1pm	DRI Lecture Theatre
08.10.19	9am – 1pm	DRI Learning Room 2
24.10.19	1pm – 5pm	DRI Lecture Theatre
14.11.19	9am – 1pm	BDGH Boardroom
19.11.19	9am – 1pm	DRI Learning Room 2
05.12.19	1pm – 5pm	DRI Lecture Theatre
17.12.19	9am – 1pm	DRI Learning Room 2
14.01.20	9am – 1pm	DRI Learning Room 2
20.02.20	9am – 1pm	BDGH Boardroom
18.03.20	9am – 1pm	DRI Lecture Theatre
24.03.20	9am – 1pm	DRI Learning Room 2

Please remember you are also able to access Safeguarding eLearning.

Subjects available:

Safeguarding Adults Level 2

Safeguarding Children Level 2

MCA & DoLs

Safeguarding Children Level 3

For instructions on how to enrol and play these eLearning packages correctly, please click [here](#).

Safeguarding Children Training Level 3 (Professional Roles and Responsibilities for Clinicians)

Date	Time	Venue
29.01.19	9am – 5pm	DRI Learning Room 4
05.03.19	9am – 5pm	DRI Learning Room 4
07.05.19	9am – 5pm	BDGH Boardroom
20.08.19	9am – 5pm	DRI Learning Room 4
15.10.19	9am – 5pm	DRI Learning Room 4
03.12.19	9am – 5pm	BDGH Boardroom
28.01.20	9am – 5pm	DRI Learning Room 4
03.03.20	9am – 5pm	DRI Learning Room 4

PREVENT Training

Date	Time	Venue
10.01.19	10 – 11.30am	Lecture Theatre DRI
08.02.19	10 – 11.30am	BDGH Boardroom
26.03.19	10 – 11.30am	Lecture Theatre DRI
17.04.19	10 – 11.30am	Lecture Theatre DRI
21.05.19	10 – 11.30am	Lecture Theatre DRI
07.06.19	10 – 11.30am	Lecture Theatre DRI
11.07.19	10 – 11.30am	BDGH Boardroom
13.08.19	10 – 11.30am	Lecture Theatre DRI
18.10.19	10 – 11.30am	Lecture Theatre DRI
12.11.19	10 – 11.30am	Lecture Theatre DRI
10.12.19	10 – 11.30am	Lecture Theatre DRI
07.01.20	10 – 11.30am	Lecture Theatre DRI
11.02.20	10 – 11.30am	Lecture Theatre DRI
06.03.20	10 – 11.30am	Lecture Theatre DRI