

SAFEGUARDING ADULT POLICY

Insert Name of Practice

April 2023

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1. **Introduction**

Safeguarding is everyone's responsibility. This practice aims to protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect and ensure that all staff act appropriately in response to any concern around adult abuse or neglect.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse or neglect.

[Ref: Care and Support Statutory Guidance \(Updated, 2022\)](#)

2. **Safeguarding Adults in Primary Care**

Primary Care along with other agencies and professionals, play a key role in safeguarding and promoting the welfare of adults at risk. Primary Care staff may be the only professionals to have contact with the adult of concern and could hold vital pieces of information about them or their family members. Additionally Primary Care staff have a unique and privileged role as trusted healthcare professionals, they are highly skilled at building relationships and provide holistic care.

Every Primary Care team member plays an important and crucial role in safeguarding patients. Staff may be the first to recognise an individual's health problems, carer related stress issues, or someone whose behaviour may pose a risk. It is important that any response taken is appropriate and timely, thereby preventing the potential long-term effects of abuse and neglect.

At its core, adult safeguarding in Primary Care is:

- Identifying adults at risk in order to support and empower
- Working together with the adult at risk and other partner organisations to prevent/reduce the risk of abuse or neglect.
- Advocating for, and giving a voice to, those who are struggling to be, or not being heard.
- Protecting the basic human rights of all in our communities, particularly those who are unable to protect themselves from harm.
- Simply part of the holistic care already given to patients and a fundamental part of patient safety and wellbeing.

Primary Care also contributes to multiagency safeguarding adult processes. This may include providing timely patient information to statutory review processes such as Domestic Homicide Reviews, Safeguarding Adults Reviews, LeDeR as well as other safeguarding meetings, including MARAC (Multi Agency Risk Assessment Conferences), CHANNEL (Prevent Duty) and MAPPA (Multi Agency Public Protection Arrangements).

3. Engagement

This policy was developed for Primary Care across the North Yorkshire and York region by the Named GPs (North Yorkshire and York), Designated Professionals and Nurses for Adult/Children Safeguarding and the Named Nurse Safeguarding in Primary Care.

4. Impact Analysis

Equality

In line with the **insert name of Practice** Equality and Diversity Policies and Sustainability impact assessment, this policy aims to safeguard all adults who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender, or sexual orientation. **Attach as appendices Practice Equality and Diversity and Sustainability impact assessments.**

[The Equality Act \(2010\)](#) protects those receiving care and the workers that provide it from being treated unfairly because of any characteristics that are protected under the legislation. All Practice Staff must respect patients' religious beliefs, culture, gender, and sexuality and make reasonable adjustments to ensure equal access to provision of services. However, this must not prevent action to safeguard adults who are at risk of or experiencing abuse.

All reasonable endeavours should be used to establish the adult at risk and their family/carers preferred method of communication, and to communicate in a way they can understand.

Due consideration has been given to the [Bribery Act 2010](#) in the development of this policy and no specific risks were identified.

5. **Scope**

This policy applies to all staff employed by the **insert name of Practice** including; all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity.

6. **Policy Aim**

The safeguarding of adults at risk is central to **Insert name of practice** and we are committed to putting in place robust structures, systems and quality standards for safeguarding adults at risk of abuse and neglect and to promote promoting the adult's right to live in safety.

This policy outlines how **insert name of Practice** will fulfil their legal duties and statutory responsibilities effectively in accordance with safeguarding adult procedures of [City of York Safeguarding Adult Board \(CYSAB\)](#), [East Riding Safeguarding Adults Board \(ERSAB\)](#) and [North Yorkshire Safeguarding Adult Board \(NYSAB\)](#)

7. **Adult Safeguarding – Adult at Risk**

[The Care Act 2014](#) (Section 42) requires that a local authority must make enquiries, or cause others to do so when it has reasonable cause to suspect that an adult (a person aged 18 or over) in its area:

- Has care and support needs (whether or not the local authority is meeting any of those needs)
- **and** is experiencing, or at risk of, abuse or neglect
- **and** as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect neglect.

Safeguarding duties apply regardless of whether a person's care and support needs are being met by the local authority or anyone else. They also apply to people who pay for their own care and support services.

[The Care and Support Statutory Guidance \(updated 2022\)](#) which underpins the Care Act (2014) incorporates [Making Safeguarding Personal](#) as the recommended approach to safeguarding. It is about having conversations with

people about how a response in a safeguarding situation enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. It is about seeing people as experts in their own lives and working alongside them to focus practice on achieving an improvement to people's circumstances which is meaningful to them.

8. Principles of Adult Safeguarding

The Practice acknowledges the six principles of adult safeguarding, embedded in the Care Act and ensures these principles underpin any Practice safeguarding work:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to take action before harm occurs and involves helping the person to reduce risks of harm and abuse that are unacceptable to them.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in greatest need.
- Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability: Accountability and transparency in safeguarding practice.

9. Categories of Abuse

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, an act of neglect or an omission, or it may occur when an adult is persuaded to enter into a financial or sexual transaction to which they have not consented to or cannot consent.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others and can occur in any relationship, often the person responsible for the abuse is known to the adult and/or may be in a position of trust and power.

There are 10 categories of abuse described within the Care and Support Statutory Guidance. These categories cover a range of abusive situations or behaviours, however the list is not exhaustive:

- Physical Abuse; including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions including female genital mutilation.
- Domestic Abuse; including psychological, physical, sexual, financial, emotional abuse. This also includes so called 'honour' based violence and forced marriage.
- Sexual Abuse; including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological Abuse; including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or Material Abuse; including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern Slavery; encompasses slavery, human trafficking, 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 inhumane treatment.
- Discriminatory Abuse; including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational Abuse; including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and Acts of Omission; including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Self-Neglect; this covers a wide range of behaviours which might involve neglecting to care for one's personal hygiene, health, or surroundings and includes behaviour such as hoarding.

Further information on types and indicators of abuse can be found at: <https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

10. The Mental Capacity Act 2005 and Safeguarding

A key area of consideration is the [Mental Capacity Act \(MCA\)](#) which is supported by a [Code of Practice](#) and sets out the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future.

Everyone working with and/or caring for an adult who may lack capacity to make specific decisions at the time the decision needs to be made, must comply with the MCA. It is essential that safeguarding adults is considered in line with the MCA. A person who lacks capacity may not always recognise that they are at risk of or are being abused or neglected.

The 5 statutory principles of the MCA must be followed and are directly applicable to safeguarding:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success.
3. A person is not to be treated as unable to make a decision because they make an unwise decision.
4. An act or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made, in their **best interests**.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action.

Adult safeguarding usually requires consent, however issues that require consideration include:

- If other people may be at risk or if it is a public protection issue. In these cases a safeguarding concern can be raised, with or without consent.
- If the person is being controlled or coerced and this is impacting on their ability to protect themselves. It is important to note that adults who do have mental capacity to make relevant decisions are not excluded from adult safeguarding and having capacity should not be viewed as a barrier to safeguarding. Safeguarding interventions must ensure that when an adult with mental capacity takes a decision to remain in an abusive situation, they do so without

duress or undue influence, with an understanding of the risks involved, and with access to appropriate services should they change their mind.

- If there are doubts about the person's mental capacity to consent to a safeguarding referral a capacity assessment and best interest decision will be required. The ability to consent to the safeguarding process should be determined by the person's mental capacity at that specific time and their understanding of risk and consequences of their situation. This decision should be clearly documented in the individual's health records.
- Where there is fluctuating capacity. This can be in situations where there is drug and/or alcohol addiction. These situations will usually require multi-agency/professional involvement as assessment of capacity may need to be carried out over a period of time by several different professionals in order to establish executive function.

Independent Mental Capacity Advocates:

Under the MCA, Local Authorities, the NHS and other responsible bodies have a duty to make sure that an Independent Mental Capacity Advocate (IMCA) is available to represent an adult who lacks capacity to make specific decisions for themselves and who does not have a family member or friend to support them. IMCAs have a particular remit not just to support and represent the person, but also to make sure that the MCA is being followed.

IMCAs can only start work with an individual if instructed to do so by specific people:

- For decisions about where someone lives and care reviews, this is likely to be the care manager or social worker.
- For serious medical treatment decisions, this is likely to be the doctor acting in the best interests of the person.
- For decisions about potential abuse, this is likely to be the chair of the adult protection proceedings.

Contact details for Local IMCA services are included in [Appendix B](#).

Lasting Power of Attorney (LPA), Health and Welfare and Property and Financial Affairs are legal documents which allow individuals to give people they trust the authority to manage their affairs if they lack capacity to make certain decisions for themselves in the future.

If a person lacks capacity to consent to a Safeguarding Adult referral and they have a health and welfare LPA, this person can consent on their behalf (unless of course they are the source of risk).

To be legally valid, the LPA must be registered with the Office of the Public Guardian (OPG) before use. NHS staff can make an urgent enquiry to the OPG

to find out if someone has an attorney, deputy or guardian acting on their behalf if making decisions about an adult at risk or when involved in a safeguarding investigation. For advice on how to do this please see the [OPG website](#).

If there is a serious concern that someone holding LPA is not acting in the best interest of an adult at risk, causing harm or neglect, a concern can be [raised with the Office of the Public Guardian \(OPG\)](#).

11. **Information Sharing**

Effective sharing of information between practitioners, local organisations and agencies is essential to keep adults at risk safe. It is important that all practitioners understand when, why and how they should share information. For further information please see '[Confidentiality: good practice in handling patient information](#)' (GMC) and [Confidentiality and health records toolkit \(bma.org.uk\)](#)

The [Data Protection Act 2018](#), associated General Data Protection regulations and [Human Rights law](#) are not barriers to information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

- **Be open and honest** with the individual (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.
- **Seek advice** from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- **Share information with consent where possible**, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- **Consider safety and well-being**: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- **Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

- **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.

Where the practitioner is uncertain, advice about consent is available from the Safeguarding Practice Lead, Named GP, Safeguarding Team in Primary Care and the Designated Professionals for Adult Safeguarding.

12. **CONTEST Counter Terrorism Strategy and PREVENT**

Contest is the Government's Counter Terrorism Strategy, which aims to reduce the risk from terrorism.

Contest has four strands which encompass;

- PREVENT; to stop people becoming terrorists or supporting violent extremism.
- PURSUE; to stop terrorist attacks through disruption, investigation and detection.
- PREPARE; where an attack cannot be stopped, to mitigate its impact.
- PROTECT; to strengthen country against terrorist attack.

PREVENT aims to prevent people becoming involved in terrorism, supporting extreme violence or becoming radicalised. Healthcare services are a key strategic partner in supporting this strategy alongside other agencies, such as education, local authorities and the police.

Healthcare professionals may work with people who are at risk of being radicalised, there is no single profile of a person likely to become involved in extremism and the process of radicalisation is different for every person, but social processes such as loyalty, self-perception, and fear of exclusion can be used to influence others.

Health staff must be vigilant for the signs that someone has been or is being drawn into terrorism. Some of the signs where a vulnerable person is being groomed or drawn into extremism can be linked to changes in behaviour and thought processes. The person may become withdrawn or stop participating in their usual activities. A person may express feelings of anger, grievance, injustice, and this may lead to issues including; going missing from their home, or care setting, having a new group of friends who have an extremist ideology, using language that supports 'us and them' thinking.

It is important to note that PREVENT operates within the pre-criminal space and is aligned to the multi-agency safeguarding agenda.

Notice, Check and Share is the process that practice staff can use to manage any PREVENT concern and enables informed decisions to be made on actions required:

- **Notice:** if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour.
- **Check:** discuss concern with appropriate others (Safeguarding lead).
- **Share:** appropriate, proportionate information (Safeguarding Lead/Prevent Lead).

[NHSE \(2017\)](#) have provided further specific guidance on sharing information specifically for Prevent and the Channel Process.

The Designated Professional for Adult Safeguarding acts as the Prevent lead for General Practice and advises on concerns following the referral pathway in line with the policy and procedure. Advice can also be obtained from the Named GPs, Named Nurse Primary Care.

The Practice Prevent Lead is: **Insert name:**

For further information on Radicalisation and Prevent please access the [Prevent duty guidance - GOV.UK \(www.gov.uk\)](#) and the [Act Early website](#).

For guidance on training competencies regarding Prevent for Primary Care staff please see [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](#) and [NHS Prevent training and competencies framework - GOV.UK \(www.gov.uk\)](#)

There is no specific duty for GP practices to undertake Prevent training. However, Prevent comes under safeguarding and this practice includes Prevent awareness training in staff induction, with 3-yearly refresher training as per intercollegiate document.

13. Statutory Roles and Responsibilities

The Safeguarding Adult Boards of City of York, North Yorkshire and East Riding are responsible for developing local procedures and ensuring multi-agency training is available. The safeguarding partnerships have a role in scrutinising the safeguarding arrangements of statutory agencies and promoting effective joint working.

It is the responsibility of Adult Social Care (CSC) to make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse and neglect. This enquiry establishes if any actions are required to stop the abuse and neglect.

Humber and North Yorkshire Integrated Care Board (HNYICB) are statutory partners on the Local Safeguarding Adult Boards, alongside the Local Authorities and the Police.

The Humber and North Yorkshire Integrated Care Board (HNYICB) are required to employ a Named GP to advise and support GP safeguarding practice leads. Primary Care Practices should have a lead and deputy lead for safeguarding, who work closely with the Named GP and Primary Care Safeguarding Team based in the ICB (NHS England, 2022). **See [Appendix A](#) for contact details for ICB (North Yorkshire and York) safeguarding professionals.**

14. Practice Arrangements

Insert Name of Practice recognises that safeguarding adults is a shared duty with the need for effective joint working between professionals and agencies. In order to achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

- The commitment of all staff within the practice to safeguarding and promoting the welfare of adults.
- Clear lines of accountability within the practice for safeguarding processes.
- Practice developments that take account of the need to safeguard and promote the welfare of adults and is informed, where appropriate, by the views of the adult at risk and their families.
- Staff training and continuing professional development enabling staff to fulfil their roles and responsibilities and have an understanding of other professionals and organisations in relation to safeguarding adults.
- Safe working practices including recruitment and vetting procedures.
- Effective interagency working, including effective information sharing.

The **Practice Lead for Safeguarding Adults** is:

Insert name and contact

The Deputy Practice Lead for Safeguarding Adults is:

Insert name and contact

The Administration Lead for managing Safeguarding data is:

Insert name and contact

The **Practice Lead/Deputy** for Safeguarding Adults will:

- Ensure that they are fully conversant with the practice safeguarding adult policy, the policies and procedures of Safeguarding Adults Board; and the integrated processes that support safeguarding.
- Facilitate training opportunities for staff groups.
- Act as a focus for external contacts on safeguarding adult and Mental Capacity Act matters; this may include requests to contribute to sharing information required for safeguarding adult reviews, domestic homicide reviews, multi-agency/ individual agency reviews and contribution to safeguarding investigations where appropriate.
- Disseminate information in relation to Safeguarding Adults/Mental Capacity Act to all practice members.
- Act as a point of contact for practice members to bring any concerns that they have, to support the documentation of those concerns and support any necessary action needed to address concerns raised.
- Facilitate access to support and supervision for staff working with vulnerable adults and families.
- Ensure that the practice team completes the practice's agreed incident forms and analysis of significant events forms which are available **state where in practice**.
- Makes recommendations for change or improvements in practice.

The **Practice Manager** will ensure that:

- Safeguarding responsibilities are clearly defined in all job descriptions.
- The Practice has a clear safer recruitment policy, including disclosure and barring and managing allegations against staff and management of any safeguarding concerns raised about staff members.
- Will work closely with, and support, the practice safeguarding lead to ensure safeguarding processes and culture are embedded throughout the practice.

All individual staff members, including partners, employed staff and volunteers have an individual responsibility to:

- Be alert to the potential indicators of adult abuse or neglect and know how to act on those concerns in line with national guidance and the safeguarding adult procedures.

- Be aware of and know how to access City of York , East Riding or North Yorkshire Safeguarding Adults Boards (SAB) policies and procedures for safeguarding adults.
- Meet the training requirements and evidence competency commensurate with their role and level of responsibility in line with [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](#)
- Understand the principles of confidentiality and information sharing in line with statutory guidance.
- Contribute, when requested, to the multi-agency meetings established to safeguard and protect adults at risk.

15. Raising and Managing Adult Safeguarding Concerns

Concerns about the wellbeing and safety of an adult at risk must always be taken seriously. Non-clinical members of staff and clinical members of staff who require Level 2 safeguarding training, must report any concerns about abuse or neglect to the relevant senior manager/safeguarding lead/GP within the practice (ideally the same working day).

Clinical staff who require Level 3 safeguarding training, can autonomously manage concerns about abuse or neglect following local adult safeguarding procedures but should always seek support and advice if they are unclear or unsure how to proceed.

Firstly, ensure the patient is safe and deal with any immediate medical needs: A preliminary risk assessment should be undertaken with the main objective to act in the 'adult at risk's' best interest and to prevent harm. It is important to consider the following:

- Is the adult at risk still in the place where the abuse was alleged or suspected or is the adult about to return to the place where the abuse was alleged or suspected?
- Will the person alleged to have caused harm have access to the adult at risk or others who might be at risk?
- What degree of harm is likely to be suffered if the person alleged to have caused harm is able to come into contact with the adult at risk or others again?
- It is good practice to ensure that the adult is given information about what steps will be taken, including any emergency action to address their immediate safety or well-being.
- If it is suspected that a crime has been committed, it is important that you do not contact the person alleged to have caused harm or anyone that might be in

touch with them. The victim should be encouraged to report the crime to the Police with support if necessary.

- If the victim does not wish to go to the Police, is unable or lacks capacity, and a serious crime has been committed, there should be consideration of reporting the crime to the Police via 999 in an emergency or 101 for non-emergencies. Practitioners should follow their own regulatory body guidance (e.g., GMC, NMC) and seek advice which may include legal advice, if unsure whether to report a serious crime in the absence of consent from the victim.

Ensure the patient's views are sought on what is happening to them: The wishes and views of the adult at risk should always be considered, with opportunities for their involvement in the safeguarding process to be sought thereby ensuring that safeguarding is person centred.

If an adult in need of protection or any other person makes an allegation to you and asks that you keep it confidential, you should inform them that you will respect their right to confidentiality as far as you are able to, but that you may need to discuss with your manager/safeguarding lead within the practice and/or the Local Authority safeguarding team. If such a disclosure is required, you will inform the adult of this where appropriate

Consider does the person you are raising a safeguarding concern about fit the Care Act 2014 definition of an adult at risk of harm:

- The person must be over 18 years of age.
- Be in need of care and support.
- Be at risk of suffering abuse or neglect and as a result of those care needs be unable to protect themselves.

Consider the person's capacity to consent to the referral (please refer to section 10 of this policy)

Seek support if needed: If any member of Practice staff is unsure how to proceed or is in doubt about raising a concern the case should be discussed with a senior colleague/ line manager, Safeguarding Practice lead or a member of the Primary Care or Adult Safeguarding team.

Make safeguarding personal: You should provide proactive, ongoing support for any patient you have raised a safeguarding concern for. Your responsibility and care does not end when you send the safeguarding concern form. Safeguarding should be done WITH patients, not TO them. Safeguarding is simply part of the holistic care we give our patients and therefore patients should be partners in this process.

An adult who has capacity may choose to stay in an unsafe and /or abusive situation or choose to not take part in the safeguarding process. In such a case the plan may therefore be centred around managing the risk of the situation with the person ensuring that they are aware of options to support their safety.

Such cases will require careful monitoring and recording so it is recommended to seek advice if this occurs.

Consider whether there are any others who may be at risk as well as the adult you are concerned about: See the 'child behind the adult' – are there any children who could be at risk? If yes, then you should make a child safeguarding referral also following local safeguarding children's procedures and the Practice Safeguarding Children Policy. Consideration also needs to be given to any other adults with care and support needs who may be at risk and therefore a safeguarding adults referral may need to be considered.

All interventions in safeguarding adults must be:-

- Lawful.
- Proportionate to the risk.
- Respectful of the wishes of the person at risk with regard to their human rights

For further general guidance/information on Adult Safeguarding in Primary Care please refer to: [Adult safeguarding toolkit: Introduction \(rcgp.org.uk\)](https://rcgp.org.uk/adult-safeguarding-toolkit-introduction).

See [Appendix B](#) for local arrangements/contact details for advice and raising a safeguarding concern about an adult and [Appendix C](#) for the decision making flowchart.

16. Recording Information

Where there are concerns about an adult's welfare, the discussions held, decisions made and the rationale for those decisions must be documented in writing in the person's medical records and consideration given as to whether the information needs to be 'hidden' from online patient access.

Documentation should include:

- What you have done to ensure the patient is safe.
- What the patient's (or other appropriate person) views are on what is happening to them and what they would like to happen.
- Who you have spoken to for further information or advice.
- Any others who may be vulnerable.
- Decisions around capacity – how these were made and the outcome.
- Your decision whether you made a safeguarding referral or not – include your rationale for this.

Managing Safeguarding Information:

The Practice has a dedicated Administration Team who are responsible for safely managing Safeguarding Adult information/correspondence which is all held together within the patient electronic health record.

The Practice ensures that electronic systems are used to identify those patients and families with risk factors or concerns using locally agreed Safeguarding Read Codes, please refer to: [Adult safeguarding toolkit: Section 3: Practice resources \(rcgp.org.uk\)](https://www.rcgp.org.uk/adult-safeguarding-toolkit/section-3-practice-resources)

Online Access Safeguarding Considerations

There are clear benefits of online record access to patients and practices, however harm may arise if the patient, or someone else, gains access to health information that they find upsetting or harmful; if they come across information about other individuals in their record that should have been held confidentially by the practice; or if someone with malicious intent gains access to the record. This may affect the safety of the patient, the practice, the practice team members and others.

Patients who are subject to controlling coercion by an abuser are the most common group at risk from record access. Examples of sensitive data that may need to be 'hidden' from online access that could lead to serious harm to the patient if the abuse was ongoing may include:

- Coded family planning data, including medication or any indication that the abuse is suspected by the practice
- Communication from domestic violence agencies and Multi-Agency Risk Assessment Conferences (MARACs)
- Child Protection Information and safeguarding codes
- Disclosures of abuse

The practice has a record keeping policy about recording and redacting new entries of potentially harmful and confidential third-party data. Before online patient access to **historic** records is granted all the information that the patient may view will be checked for potentially harmful information.

All staff making entries onto patient records receive training regarding redaction of sensitive information and be aware that the patient may be able to see what is written and keep this in mind whilst documenting and consulting.

Consideration will be given to cases where it may be inappropriate or unsafe to grant full patient online access. Examples may include where someone is a victim of Domestic Abuse or where a patient lacks capacity to understand what information is being shared. However, record access will only be refused where there is a clear risk of serious harm to the safety of the patient or members of

the practice team, or to the privacy of a third- party and following discussion with the practice leads for GP Online Services and Safeguarding Leads.

For further information on patient access to Primary Care records please refer to the [RCGP Online Toolkit](#) and [NHSE website](#)

17. Implementation

Practice staff will be advised of this policy through Practice meetings. The Safeguarding Adult Policy will be available via the **please insert per practice**

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the Practice disciplinary procedure.

18. Training and Awareness

All Practice staff must be trained and competent to be alert to potential indicators of abuse and neglect in adults, know how to act on their concerns and fulfil their responsibilities in line with LSAB policy and procedures.

The Practice's induction for partners and employees will include a briefing on the Safeguarding Adult Policy by the Practice Manager or Practice Lead for Safeguarding. At induction new employees will be given information about who to inform if they have concerns about an adult's safety or welfare and how to access the Local Safeguarding Adult procedures.

The Practice will enable staff to participate in training on adult safeguarding. The training will be proportionate and relevant to the roles and responsibilities of each staff member as outlined in the [Adult Safeguarding Roles and Competencies for Health Care staff 2018](#). See also RCGP guidance on Primary Care training requirements:

<https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/Safeguarding-training-requirements-for-Primary-Care.ashx?la=en>

The Practice will keep a training database detailing the uptake of all staff training so that the Practice Manager and Safeguarding Leads can be alerted to unmet training needs.

All GPs and Practice staff should keep a learning log for their appraisals and or personal development plans

19. Safe Recruitment and Vetting Procedures

The Disclosure and Barring Service (DBS) enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or vulnerable adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

The Practice recruitment process recognises that it has a responsibility to ensure that it undertakes appropriate criminal record checks on applicants for any position within the practice that qualifies for either an enhanced or standard level check. Any requirement for a check and eligibility for the level of check is dependent on the roles and responsibilities of the job.

The Practice recognises that it has a legal duty to refer information to the DBS if an employee has harmed, or poses a risk of harm, to vulnerable groups and where they have dismissed them or are considering dismissal. This includes situations where an employee has resigned before a decision to dismiss them has been made. <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs>

Safe recruitment extends beyond criminal record checks to other aspects of the recruitment process including:

- Making clear statement in adverts and job descriptions regarding commitment to safeguarding.
- Seeking proof of identity and qualifications.
- Providing two references, one of which should be the most recent employer.
- Evidence of the person's right to work in the UK is obtained.

20. Managing Allegations against Persons in a Position of Trust

All allegations of abuse or neglect of an adult, by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with Safeguarding Adult Board policy and procedures.

The individual concerned must be managed appropriately in accordance with the organisation's HR procedures. Allegations do not necessarily merit immediate suspension, this will depend on the person's role within the organisation and the nature of the allegation.

Any member of practice staff aware of an allegation against a person in a position of trust should consult with the Practice Safeguarding Lead or Practice Manager and the Designated Adult Safeguarding professional in the first instance with regards to the allegations made and to establish what actions are required in line with the **practice disciplinary policies/ managing allegations against staff policy [insert policy]**.

21. Whistle blowing

This Practice encourages a culture that allows practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague's behaviour. **Insert Practice Whistle Blowing Procedure**

22. Professional Challenge

This Practice enables and encourages any practice member that disagrees with an action taken and still has concerns regarding an adult at risk of abuse to either contact the Safeguarding Practice Lead, Named GP, Safeguarding Team for Primary Care, or the Designated Professional for Safeguarding Adults for independent reflection and support.

23. Monitoring and Audit

Audit of awareness of this safeguarding adult policy and processes will be undertaken by the Practice Manager and Practice Safeguarding lead.

24. Policy Review

This policy will be reviewed three years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

25. References

BMA (2021) Confidentiality and health records toolkit.

<https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/confidentiality-and-health-records-toolkit>

Bribery Act (2010) <https://www.legislation.gov.uk/ukpga/2010/23/contents>

Department of Health (2016) Care and Support Statutory Guidance-section 14 safeguarding <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Department of Health (2014) Care and Support Statutory Guidance: Issued under the Care Act 2014

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf

GMC (2021) Confidentiality: good practice in handling patient information.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>

Health and Social Care Act 2008 (Regulated Activities) regulations 2014

http://www.legislation.gov.uk/uksi/2014/2936/pdfs/uksi_20142936_en.pdf

HM Government (2014) The Care Act

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

HM Government (2015) Revised PREVENT Duty Guidance for England and Wales <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>

Making Safeguarding Personal (2014) <https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf>

Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Mental Capacity Act Code of Practice (Updated 2020) <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

NHSE (2017) Practical Guidance on the sharing of information and information governance for all NHS organisations specifically for Prevent and the Channel process. <https://www.england.nhs.uk/wp-content/uploads/2017/09/information-sharing-information-governance-prevent.pdf>

RCGP guidance on training requirements <https://www.rcgp.org.uk/getmedia/91770d17-88e4-4b84-acdf-a49aa1427421/Safeguarding-training-requirements-for-Primary-Care-FINAL.pdf>

Safeguarding Adults: Roles and competences for health care staff Intercollegiate Document. 2018. <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>

Appendix A:

<u>ICB (North Yorkshire and York) Adult Safeguarding Health Professionals contact details</u>		
<u>ADULT SAFEGUARDING ADVICE:</u> (In office hours. Out of hours contact EDT) (Not to be given out to members of the public)		
Name	Email Address	Mobile Number
Nicky Hields – (Named Nurse Safeguarding Primary Care)	nicola.hields@nhs.net	07738 898819
Christine Pearson - (Designated Professional for Adult Safeguarding)	christine.pearson15@nhs.net	07872 117125
Olwen Fisher - (Designated Professional for Adult Safeguarding) Mon-Wed	o.fisher@nhs.net	07970 832926
Emma Stevens - (Designated Professional for Adult Safeguarding) Wed-Fri	emma.stevens8@nhs.net	07971 006272
Jackie Short - (Safeguarding Officer)	jacqueline.short@nhs.net	07970 833008
Jane Arrowsmith - (Safeguarding Officer)	jane.arrowsmith@nhs.net	07702 622194
Generic Team E-mail – hnyicb-ny.adultsafeguarding@nhs.net		

Appendix B:**Contact Details for Adult Safeguarding referrals and Local Adult Safeguarding Boards**

If you or the person you are concerned about is in danger and immediate action is required, you should ring the emergency services on 999

Safeguarding Adults Referrals	
North Yorkshire	Telephone: 01609 534527 Out of hours: 0300 131 2 131 Website: https://www.northyorks.gov.uk/safeguarding-vulnerable-adults Email: social.care@northyorks.gov.uk
City Of York	Telephone: 01904 555111 Out of hours: 0300 131 2 131 Website: https://www.york.gov.uk/safeguarding-adults/report-adult-abuse-york-safeguarding-adults Email: adult.socialsupport@york.gov.uk
East Riding	Telephone: 01482 396940 Out of hours: 01377 241273 Complete online form: http://www.ersab.org.uk/reporting-abuse Email: safeguardingadultsteam@eastriding.go.uk
Local Safeguarding Adults Boards	
North Yorkshire	https://safeguardingadults.co.uk/
City Of York	https://www.safeguardingadultsyork.org.uk/
East Riding	https://www.ersab.org.uk/
Independent Mental Capacity Advocacy services	
North Yorkshire	https://cloverleaf-advocacy.co.uk/areas/north-yorkshire Tel: 01609 765355
City Of York	https://www.yorkadvocacy.org.uk/ Tel: 01904 414357
East Riding	https://www.voiceability.org/make-a-referral Tel: 0300 303 1660

Appendix C

