

**NHS Southwark CCG policy template for GP Practices**

**Adults Safeguarding Policy and Guidance**

**(Insert practice Name Here)**

*[Please note that this is a suggested template only.*

*Practice should feel free to use its own name and logo at the top of the policy]*

**Introduction**

We believe that everyone has a right to be safeguarded from abuse and, maltreatment. This Policy outlines how we will fulfil our statutory, moral and ethical duty to safeguard our patients who are at risk of abuse.

It is recommended that all staff are conversant with The Care Act 2014 and the Protecting adults at risk: London multi-agency policy and procedures (revised 2016).

**Scope**

This Policy outlines the responsibilities for all staff employed at the practice with regards to safeguarding adults at risk. It draws on the safeguarding requirements as outlined in The Care Act 2014, Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015), Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document (2018), and Working Together (2018). This policy has also been reviewed to take into account recommendations from local Safeguarding Adult Reviews, in particular in relation to Adult B 2017.

**Our Commitment**

We recognise our responsibility for ensuring the safety of adults at risk and to work with partners in social care, health and voluntary sectors in this regard. We will therefore ensure that our responsibility in safeguarding adults at risk of harm is discharged effectively and efficiently. In line with this, we will:

* Have clear lines of accountability for Safeguarding Adults
* Have robust arrangements in place for appropriate pre-employment checks on our staff
* Ensure that our staff receive appropriate learning and development opportunities in line with national and local expectations
* Have procedures for dealing with allegations of abuse against our staff
* Know what to do when it comes to our knowledge or we suspect that our patient at risk of harm is being abused or harmed by someone outside of our practice
* Ensure that appropriate complementary policies such as Whistle Blowing (now known as “Speak up for a healthy NHS”) and complaints procedures are in place
* Encourage within our practice, a culture that enables issues about Safeguarding Adults to be addressed in a transparent way.
* We will ensure that all our staff adhere to this policy have access to necessary support and advice, and that all our staff are aware of and have access to relevant clinical colleagues with expertise in safeguarding.
* We will deliver safe care to all our patients. We accept that the people in our care and their families are often at their most vulnerable when they access our service.
* Where people are assessed as lacking mental capacity to make their own decisions, we will act in accordance with the provision of the Mental Capacity Act 2005.
* In line with Making Safeguarding Personal, we will work with the adult at risk of harm and relevant others to achieve the outcome that the individual desires.

**Leadership**

We fully endorse the belief that Safeguarding Adults is everyone’s responsibility.

However, we will ensure that there is a clear and identifiable designated safeguarding adult Lead within our practice. This person will serve as a resource for staff and will advise and support staff on any safeguarding adult issues they may have.

**Code of Conduct With Regard to Safeguarding Adults**

This Code of Conduct sets out acceptable and unacceptable standards of behaviour for our staff during contacts with adults at risk of harm.

**Staff should:**

* Play their part in helping to develop an ethos where all people matter and are treated equally, and with respect and dignity
* Always put the care, welfare and safety needs of a patient first
* Respect a patient’s right to be involved in making choices and decisions which directly affect them
* Respect a patient’s culture (for example their faith and religious beliefs and ethnicity)
* Respect a patient’s right to privacy and personal space
* Respond sensitively to a patient who seems anxious about participating in certain activities/procedures
* Speak to the practice Safeguarding Lead if they suspect that a patient is experiencing bullying or harassment
* Be aware of the vulnerability of some groups of patient’s to being isolated and hurt (for example, elderly people, patients’ with physical and/or learning disabilities and or those experiencing mental health issues).
* Listen carefully to any person who tells them verbally, through behaviour or other communication methods that they are being harmed. Staff should, without delay, report what they have discovered to their line manager and or the practice Safeguarding Lead
* Report any suspicion that a patient could be at risk of harm or abuse. By completing a Safeguarding Alert using appropriate form and forwarding same to the local authority
* Never dismiss what a patient tells them as ‘lies’ or exaggeration.

**STAFF SHOULD NOT:**

* Exaggerate or trivialise another staff member’s concerns about a patient or ignore an allegation or suspicion of abuse in the hope that it will either ‘go away’ or that ‘someone else will deal with it’,
* Discuss personal issues about a person or their family with other people except with either the Lead Clinician or practice Manager (or another senior clinician if they are absent to avoid delay) when they are concerned about the patient’s wellbeing,
* Be drawn into any derogatory remarks or gestures in front of patients,
* Allow an adult to be bullied or harmed by anyone in the practice.

**Data Protection and Management of Confidential Information**

We are committed to management of information in accordance with the Data Protection Act 1998, and General Data Protection Regulation (GDPR) 2018. We have a duty to respect and protect the confidentiality of information relating to an individual that we acquire in the course of our professional activities. Patient information will only be disclosed without consent in exceptional circumstances e.g. where the safety of a /patient is considered to override this.

**Safeguarding Adult at risk**

**Definitions**

The Care Act 2014 defines an “adult at risk of abuse or neglect” as someone:

*aged 18 years and over, who has care and support needs (whether or not the Local Authority is meeting any of those needs)* ***and*** *is experiencing, or is at risk of, abuse or neglect* ***and*** *is unable to protect themselves because of their care and support needs*.

The Care Act 2014 states that adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect.

The Care Act sets out a clear legal framework for how Local Authorities and other providers e.g. health should protect adults at risk of abuse or neglect.

The Care Act signals a move away from safeguarding as a process, towards safeguarding as an outcome-focused approach and making safeguarding personal. This approach means that safeguarding should be ‘person led, engage a person in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement’.

The Care Act continues with the statutory guidance of the six principles of safeguarding;-

1. *Empowerment* – presumption of person led decisions and informed consent
2. *Prevention* - it is better to take action before harm occurs
3. *Proportionality* – proportionate and least intrusive response appropriate to the risk presented
4. *Protection* – support and representation for those in greatest need
5. *Partnership* – local solutions through services working with their communities
6. *Accountability* – accountability and transparency in delivering safeguarding

**Types of abuse**

The Care Act 2014 statutory guidance identifies specific types of abuse but also emphasises that organisations should not limit their view of what constitutes abuse or neglect as they can take many forms and the circumstances of the individual case should always be considered. Although the criteria set out in the definition of an adult at risk needs to be met before the issue is considered as a safeguarding concern. The following is a list of types of abuse and abusive behaviours:

1. **Physical** - Hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions,
2. **Sexual** - Rape and sexual assault or sexual acts to which the adult has not consented, or could not consent, or was pressured into consenting,
3. **Psychological** - Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks,
4. **Financial or material** - Theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits,
5. **Neglect and acts of omission** - Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating,
6. **Discriminatory** - Racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment,
7. **Organisational** (previously referred to as Institutional) - Failure to enable individual’s to maintain their personal identity by preventing them from making their own choices and restricting their opportunities. This could be restriction of freedom, activities or daily routine.
8. **Domestic Abuse** - includes psychological, physical, sexual emotional abuse and honour based violence
9. **Self-Neglect** -includes neglecting personal hygiene, health and environment concerns (including fire risk) and behaviours such as hoarding
10. **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude

It is important to remember that:

Anyone can be an abuser. Abusers can be family members, partners, friends, neighbours, people who work or volunteer in health or social care services, or strangers. Abuse can happen anywhere. It can happen at home, in hospital, at work, in a nursing or residential home or in other community settings. Abuse can happen once, a few times or lots of times. It can be deliberate or it might be the result of a lack of training, knowledge or understanding.

**Practice Context**

We believe that our staff have a responsibility to prevent and stop the risk/incidence of harm or abuse to adults at risk.

We believe that the adult’s wellbeing should be promoted along with their dignity and that their personal identity, preferences and choice should be respected.

We as a practice recognise that adults have complex interpersonal relationships and may have unclear or unrealistic ideas around their personal circumstances; however we will encourage the adult to be involved in any decision which may directly affect them in line with *Making Safeguarding Personal* – *“No decision about me without me”.*

We will ensure that our action(s) in safeguarding an adult at risk take(s) into account the individual wishes and we will listen to what outcome they want and how it can be achieved. [Making Safeguarding Personal Guide 2014.](http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE)

All staff will know what to do and who to go to if they have any concerns regarding the safety of an adult at risk.

**[GP practice should set out internal practice procedure for staff to include who is to be notified about the concern and who within the practice should be notified of an alert being raised by a member of staff. It should also have a guide about timeliness of decisions including what to do in out of our periods. Delete this statement].**

All staff should know that:

* The Safeguarding Adult Lead in this practice is**…………………[practice to insert]**
* Adult Safeguarding referrals have 3 streams. To report a concern about an adult with care and support needs who is experiencing or is at risk of abuse or neglect, staff should complete this form



* email the form to [Southwark Adult Social Care:](https://www.southwark.gov.uk/social-care-and-support/adult-social-care/safeguarding-adults/safeguarding-adults) using the following contacts, depending on their circumstances:

|  |  |
| --- | --- |
| **Older people and adults with a physical disability, including older people with a mental illness or impairment (if aged over 65)** | **OPPDContactteam@southwark.gov.uk****020 7525 3324** |
| **Adults with a mental illness or impairment** **(aged 18-65)**  | MHContact@southwark.gov.uk020 7525 0088 |
| **Adults with a learning disability or living with autism** | LearningDisabilitiesDuty@southwark.gov.uk020 7525 2333 |

* It is important to understand that there may well be other vulnerable individuals that need support and signposting to other services but will not fall into the criteria for onward referral to social services. If staff are not certain whether the patient falls into one of these categories, then they can contact social services or the CCG Safeguarding team for advice.
* They can obtain support and advice from the practice Safeguarding Adult Lead and the local authority Adult Safeguarding team via email: SafeguardingAdultsCoordinator@Southwark.gov.uk or by calling 020 7525 1754

We will always act in the patient’s best interest, irrespective of gender, age, disability, sexual orientation, race, language, religion, ethnic or social origin. We will do this by ensuring that we assume patients have capacity to make their own decisions and do not treat this responsibility lightly on the basis of their age, appearance or medical condition. Where we have reasons to believe that the patient may not have mental capacity to decide, we would follow the provisions of the MCA 2005.

We will encourage all patients to participate as fully as possible in their care, giving due consideration to their wishes and feelings. We will ensure that additional consideration is given to anyone with increased risk due to their care and support needs:

**What staff should do if they have concerns that an adult with care and support need may be experiencing an abuse.**

* All staff have a responsibility to be vigilant about Safeguarding Adults.
* Staff are responsible for identifying and responding to allegations of abuse.
* Staff should not try to second guess the outcome of an enquiry when considering whether or not to raise a safeguarding alert.
* All staff need to familiarise themselves with how to raise a safeguarding alert.
* Staff should use the local *Safeguarding Adults Concern Form for Professionals* which used to be called *Safeguarding Alert Form*.
* No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult at risk of harm.
* All staff will need to understand the principles of co-operating, sharing information, improving joint working and addressing barriers.
* It is the responsibility of each member of staff to ensure that they are up to date with safeguarding training relevant to their role.
* If unsure as to what actions should be taken next, staff may seek advice from the practice Safeguarding Adults Lead or by contacting SafeguardingAdultCoordinator@southwark.gov.uk

**How to Document Safeguarding Concerns in patients’ records [the bullet points below are a guide only, it is expected that practice will follow their own local record keeping practices in line with relevant policies. Delete this statement]**

* Staff should record any safeguarding concern raised and or discussed with them. They should record what action(s) they have taken or will take about it, include who they have discussed their concern with.
* Staff should record if they have raised a safeguarding alert, if not, state why.
* There should be an appropriate “flag” on the system that highlights that there are safeguarding concerns.
* Notes or minutes from relevant meetings attended in respect of a safeguarding alert and or referral should be stored in the restricted section of the patient’s record, so they are only accessed by authorised staff when necessary.

**Outcomes Meetings (previously known as Adult Case Conferences)**

Staff may be required to provide information on adults whose case is to be heard at an Outcomes Meeting. It is expected that this will be provided in a timely and secure manner.

**Protection of Workers who raised a Safeguarding alert**

We agree that confidentiality is central to the trust between staff and patients and is an essential part of good care. Without assurances about confidentiality, adults at risk may be reluctant to get the medical attention or to provide health staff with the information they need to provide good care. However we accept that confidentiality is not an absolute duty. Staff can share confidential information about a person if any of the following apply:

* Staff must do so by law or in response to a court order,
* The person the information relates to has given their consent to share the information.

We will provide effective management for staff by ensuring they have access to supervision, support and training as appropriate to their identified need

**Training**

Our staff will be offered training appropriate to their role, in line with [Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document (2018)](file:///C%3A/Users/Megmorris/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/PDF-007069%20%281%29.pdf)

**Mental Capacity Act (MCA)**

The Mental Capacity Act 2005 (MCA) aims to empower people to make decisions for themselves as much as possible and to protect people who may not be able to take some decisions. The Act applies to anyone aged 16 or over in England and Wales and is relevant for both care and treatment decisions. The MCA is supported by a [‘Code of practice’](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf). Health and social care staff are specifically highlighted as a category of professionals that are required to have regard to the code of practice. As a legal duty, this practice recognises its responsibility to meet the requirements of the Act and staff should familiarise themselves with the Code of practice.

Should staff have concern about a patient’s capacity to make an informed decision on a specific issue such are treatment, offer of professional advice or other intervention they are offering at a given time, they will need to be able to provide proof that such individual patient lacks capacity to make that particular decision by following the laid down process of MCA 2005 and the [‘Code of practice’](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf)

We will ensure that all our staff with clinical duties undertake MCA training as appropriate to meet the requirements of their role.

MCA training: [SCIE eLearning: Mental Capacity Act](http://www.scie.org.uk/publications/elearning/mentalcapacityact/index.asp).

**Prevent**

Prevent is a vital part of the UK’s counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

Address all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. All our staff will attend PREVENT awareness training that is relevant to their role. Staff can access a [Prevent Awareness course](http://course.ncalt.com/Channel_General_Awareness/01/index.html) here

Our staff should be aware that they may meet and treat people who are at risk of radicalisation.

The practice Safeguarding Lead will advise and signpost staff in raising concerns following the referral pathway in line with the local PREVENT policy and procedure.

**WHAT TO DO IF STAFF HAVE CONCERNS ABOUT AN ADULT AT RISK’s WELFARE**

**Responding to an adult who tells staff about abuse**

Concerns about the wellbeing and safety of an Adult at Risk must always be taken seriously; this includes situations where the person raising the safeguarding alert remains anonymous.

All staff that become aware of concerns of abuse must report those concerns as soon as possible and in any case within the same working day to the relevant senior manager/Safeguarding Lead within the practice.

When an adult at risk makes a disclosure, it is important that staff reassure the individual that the information will be taken seriously. Staff should let them know what they intend to do with the information they have shared with them. However, if they ask that staff keep it confidential, the staff should inform the person that they will respect their right to confidentiality as far as they are able to, but that they are not able to keep the matter secret and that they must inform their manager/Safeguarding Lead within the practice and the Local Authority safeguarding team.

If it is thought a crime could have been committed. It is important that staff do not contact the alleged perpetrator or anyone that might be in touch with them.

The disclosed information must be recorded in the health care records in the way that the adult at risk describes the events.

If in doubt about raising a safeguarding alert, the case should be discussed with the practice Safeguarding Lead or by contacting the Safeguarding Team at the Local Authority.

Anyone who is unsure as to whether abuse has occurred should raise a safeguarding alert in order for the relevant information to be gathered and a decision made about the appropriate course of action.

**Raising a Safeguarding Alert**

Any staff who suspects or knows that abuse has taken place (or is still occurring) has a duty of care to report immediately to their own line manager and raise a safeguarding alert directly with the local authority Safeguarding Adults Team immediately when the alert is identified. See Appendix for useful contacts.

**Raising an additional Safeguarding Children Alert when children are involved**

In line with Working Together (2018), staff should be aware of any children who may be affected by or additionally be put at risk as a consequence of Adult Safeguarding concerns. If there are concerns they should discuss them with the Practice Safeguarding Lead and consider making a separate Safeguarding Children Alert.

**Raising concerns about Adults at risk and at risk of fire**

Learning lessons from the case of Adult B (2017) practice staff should refer individuals for a [Home Fire Safety Assessment](https://www.london-fire.gov.uk/media/2041/london-fire-brigade_person_centred_fire_risk_assessment_checklist.pdf) by The London Fire Brigade

**MANAGING ALLEGATIONS**

**Managing allegations of abuse against practice staff who have contact with adults at risk**

All allegations of abuse or maltreatment of adults at risk by an employee of this practice or someone acting on its behalf will be taken seriously and treated in accordance with relevant policies and procedures. This includes implementation of the practice’s disciplinary procedures

All allegations will be followed up regardless of whether the person involved resigns her/his post, responsibilities or a position of trust, even if the person refuses to co-operate with the process. Compromise agreements, where a person agrees to resign without any disciplinary action and agreed future reference will not be used in these cases.

**What to do if a safeguarding concern is raised by someone external to the practice**

Members of the public, friends and family members may talk to staff about abuse of an adult at risk known to them. They may specifically allege incidents or disclose knowledge of abuse of an adult at risk. The type and nature of the alleged abuse may be quite specific or it may be described only in very general terms.

It is important that all such allegations or references to abuse are taken seriously and relevant details should be taken.

In such circumstances, staff should be clear with that person that they have a duty to report any alleged abuse.

In line with the ethos of “safeguarding is everyone’s business”, staff may encourage the person to make a direct referral to the Safeguarding Adults Team. However, their pledge to do so does not absolve the staff concerned of their duty to report the alleged abuse to the Safeguarding Adult Team promptly or to check if an alert has indeed been completed and submitted to safeguarding team.

Where the person who raises concern works for or represents a statutory or commissioned service, it is expected that they would complete the Safeguarding Alert form and send same to the Safeguarding Adult’s Team without delay. Again, it is important that the staff contact the Safeguarding Team to confirm that the alert has been completed.

**Recording information**

It is essential that staff keep clear notes of any allegation of abuse within a patient’s records as these may be required at a later date.

All safeguarding alerts that staff have raised, discussions they have had, decisions they have made and the reasons for those decisions must be recorded in in the medical records. Any bruises, marks and/or unexplained injuries observed or reported should be clearly documented on a body map within the records.

**Information Sharing**

Sharing of information is vital for early intervention to ensure that an adult at risk gets the service(s) they require. It is also essential to protect adults at risk from suffering harm from abuse or neglect. It is essential that all staff understand when, why and how they should share information.

Staff should always consider the safety and welfare of the adult at risk of harm when making decisions on whether to share information about them.

Where there is an alert that the adult at risk may be suffering or is at risk of suffering harm, their safety and welfare **must** be the overriding consideration. Information may also be shared where failure to do so would undermine the prevention, detection, or prosecution of a serious crime. We also have an obligation to share information with relevant partners when children and or other adults at risk are involved and failure to share information may also put them at risk of harm. For example where a person who is alleged to be causing harm has care responsibility and or access to other adults at risk or children.

It is important to obtain an individual’s consent to share information. However, where consent might lead to interference with any potential investigation, the weight of such concern should guide staff decision. Staff must inform the practice Safeguarding Lead and or the Lead Clinician of this situation.

For further detailed guidance refer to *Information sharing: Guidance for practitioners and managers* (HM Government 2008) <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417696/Archived-information_sharing_guidance_for_practitioners_and_managers.pdf>

Staff should also be familiar with the latest guidance outlined in General Data Protection Regulation (GDPR) 2018.

**GP attendance at safeguarding meeting**

The GP contribution to multiagency safeguarding meetings is invaluable and is best practice according to the Royal College of General Practitioners. Priority should be given to attendance wherever possible. A written report should be made available for the meeting where the GP or their representative is not able to attend.

**Whistle-blowing**

Werecognise the importance of building a culture that allows all GPs and their practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding alerts they have about a colleague’s behaviour and or any issue that in their judgement may put patients at risk including adults at risk. Staff should refer to the practice whistle blowing procedure.

**Complaints procedure**

**[Insert name of practice]** has a clear well publicised procedure that is capable of dealing with complaints from all patients and employees.

Please refer to **[insert link or cite practice document]**. Consideration should always be given to whether a complaint meets the criteria for managing allegations procedures.

**Staff learning and development**

To protect adult at risks from harm, all staff must have the competences to recognise adults at risk of or actual abuse and to take effective action as appropriate to their role.

All staff undergoing learning and development are expected to keep a learning log for their appraisals and/or personal development.

The practice will hold at least one meeting a year to discuss safeguarding adults within the practice.

The purpose of this meeting is to make sure all members of staff are fully aware of the practice policy and know what to do if they are concerned that an adult is being abused or is self-neglecting.

To support practices in ensuring that staff are trained to the appropriate level, a range of e-learning material is available.

**Staff supervision**

Staff working with an adult at risk need to have access to support and supervision; this will provide an opportunity for practitioners to share their alerts and to enable them to manage the stresses inherent in this work. It also promotes good standards of practice, which are soundly based and consistent with local and national guidance for safeguarding adult at risks.

Supervision will also provide an opportunity to ensure there is an understanding of roles and responsibilities, as well as the scope of professional discretion and authority.

Key decisions about a patient at risk taken during a staff supervision session must be recorded in the patient’s medical records.

Safeguarding incidents will be discussed at practice learning reflection events to support wider learning for practice.

Opportunities for reflection and to identify any development needs may also be available through the GP appraisal process as safeguarding issues should form a standard part of this process.

Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document (2018) outlines the level of knowledge and skills necessary for all clinical and non-clinical staff at the practice.

**Review of Adults Safeguarding Policy and Guidance**

The Lead Clinician for safeguarding and the practice Manager will review this Policy and procedures on a regular basis including checking and updating contact details as necessary (not less than 3 yearly).

We will ensure that it complies with provisions of Care Act 2014 and London Multi-Agency Safeguarding Policy and Procedures

**How we will monitor the implementation of this Policy**

* The practice will ensure that there is a Safeguarding Adult Lead in post in line with the provision in this policy
* We will monitor regularly the number of people who completed Safeguarding Adult training at the level commensurate to their role. Please see Safeguarding Adult Learning and Development matrix below.
* By reviewing the number of safeguarding alerts annually we complete.
* By monitoring number of safeguarding allegations against our staff each year.
* By evidencing that lessons learnt from safeguarding actions informs practice development.
* Feedback from staff during supervision
* By listening to patients feedback following the outcome of a safeguarding alert/intervention
* By completing an annual Safeguarding adults annual self-assessment audit
* Outcome of Care Quality Commission annual inspection. How we are judged by CQC in ensuring the safety of our patients.

**KEY GUIDANCE AND LEGISLATION**

* Care Act 2014
* (<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>)
* Care and Support Statutory Guidance (Chapter 14 – Safeguarding) (<http://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)
* [Mental Capacity Act 2005: making decisions](https://www.gov.uk/government/collections/mental-capacity-act-making-decisions)
* Mental Capacity Act Deprivations of Liberty Standards (2009)
* Transforming Care: A National Response to Winterbourne View Hospital 2012
* Protecting adults at risk: London multi-agency policy and procedures (revised 2015)
* Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015).
* Prevent Strategy (HM Government 2011)
* Introducing the Statutory Duty of Candour
* Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document (2018)
* Working Together (2018)

Signed: Dated

Signed by on behalf of the partnership

The practice team have been consulted on how we implement this policy.

Signed: Dated

**Useful Contact details:**

**Safeguarding adults referral and advice**

For policies, procedures and training please visit the [**main safeguarding page**](http://www.southwarkccg.nhs.uk/members-zone/local-services/Safeguarding/Safeguardingadults/Pages/default.aspx) under service information.

**General enquiries**

In relation to policies and processes for safeguarding adults in Southwark contact the

London Borough of Southwark Adults Safeguarding Team PO Box 64529, London, SE1P 5LX Tel: 020 7525 1754 safeguardingadultscoordinator@southwark.gov.uk

If you are requiring general advice on policies, processes or complex cases, you can contact NHS Southwark CCG Safeguarding Adults Lead Nurse, Musthafar Oladosu m.oladosu@nhs.net 02075252153 07717816166 (Monday-Friday 9-5pm)

Or

Named GP for Adult Safeguarding at Southwark CCG, Dr Megan Morris, most easily via email meganmorris@nhs.net (allocated day for safeguarding admin Wednesdays 9-5pm, but available for less urgent advice throughout the week).

For advice about children who may be involved, NHS Southwark CCG Lynda Bartlett: Designated Nurse – Safeguarding Children Lynda.bartlett3@nhs.net 020 7525 4529 07554 407823

**Making a Referral**

The *Safeguarding Adults Concern Form for professionals* can be found online at the NHS Southwark CCG staff and member zone by clicking the link while holding the control button.

Please note that you need to have logged on to the member zone to gain access to the form.

**For Mental illness (18-65)/ substance misuse rehab and AMHP**

MentalHealthDivisionASC@southwark.gov.uk (020 7525 0088)

**For physical disabilities/older adults/ dementia/ mental illness (over 65)**

OPPDContactteam@Southwark.gov.uk (020 7525 3324)

**For mental impairment/ learning disabilities**

LearningDisabilitiesDuty@southwark.gov.uk (020 7525 2333)

**Adults Safeguarding Learning and Development**

In line with [Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document (2018)](file:///C%3A/Users/Megmorris/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/PDF-007069%20%281%29.pdf):

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Level** | **Category of practice Staff** | **Frequency and requirement** | **Training Compliance**  |
| **Level 1 Safeguarding Adults awareness eLearning** | All practice staff who do not have clinical contact with patients. | 3 yearly (mandatory training of at least 30 mins) | 100% |
| **Level 1 Prevent Awareness** | All staff | 3 yearly (mandatory training) | 100% |
| **Level 2 Safeguarding Alerters training**  | All staff who have direct contact with patients, carers and members of the public. | Minimum of 3-4 hours refresher training over a 3 year period | 85% |
| **Level 3 Adults Safeguarding** | All GPs and Safeguarding Lead | Minimum of 8 hours refresher training over a 3 year period.Training to Level 3 standard provided annually via the PLT programme, involving inter-agency work, can be supplemented with some online training and reflection on clinical case studies, attendance at Practice Leads Forum  | 85% |
| **Workshops to Raise Awareness of Prevent (WRAP)**  | All clinical staff working with adults, children and young people. Staff who have direct contact with patients, carers and member of the public. | 3 yearly with annual update | 85% |
| **Prevent** | All staff.  | eLearning awareness raising in relation to Prevent can [be accessed here](http://course.ncalt.com/Channel_General_Awareness).Guidance on [Prevent training and competencies](http://www.southwarkccg.nhs.uk/members-zone/local-services/Safeguarding/Safeguardingadults/Documents/NHS%20England%20Prevent%20Training%20and%20Competencies%20Framework_final.pdf)  |  |

**NHS Southwark CCG March 2019**