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Safeguarding Policy

Version:	Review date:	Edited by:	Approved by:	Comments:
1.4	19/11/2018	Sarah Kelleher	Dr Degun	

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1 Introduction

1.1 Policy statement

The purpose of this document is to set out the requirements for The Knares Medical Practice to take the appropriate actions for safeguarding children, young people and adults at risk of harm or abuse. This practice adopts a zero-tolerance approach to abuse, ensuring that there are robust procedures in place for the effective management of any safeguarding matters raised.

1.2 Status

This document and any procedures contained within it are contractual and therefore form part of your contract of employment. Employees will be consulted on any modifications or change to the document's status.

1.3 Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

2.2 Why and how it applies to them

This document details the requirements of staff, both individually and collectively, to comply with extant legislation and is to be read in conjunction with associated NHS England Safeguarding documentation and guidance.

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

3 Definition of terms

3.1 Safeguarding

Safeguarding means protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.[1]

3.2 Physical abuse (Children)

Physical abuse can involve any of the following: burning or scalding, drowning, suffocating, hitting, shaking, throwing, poisoning or other means of causing physical harm to a child.

3.3 Emotional abuse (Children)

Emotional abuse is the constant emotional mistreatment of a child, the intention of which is to cause significant adverse effects on the emotional development of the child. Emotional abuse also includes overprotection and the restriction of a child learning or partaking in normal social interaction.

3.4 Sexual abuse (Children)

Sexual abuse is the enticement or forcing of a child / young person to participate in sexual activities; this involves penetration or non-penetrative acts, physical contact or non-contact activities such as the encouraging of a child or young person to watch sexually inappropriate content.

3.5 Sexual exploitation (Children)

Child Sexual Exploitation (CSE) is when an individual takes sexual advantage of a child or young person (anyone under the age of 18) for his or her own benefit. Power is developed over the child or young person through threats, bribes, violence and humiliation or by telling the child or young person that he or she is loved by the exploiter. This power is then used to induce the child or young person to take part in sexual activity.[2]

3.6 Neglect (Children)

Neglect is the continued failure to ensure that a child's physical and psychological needs are met, resulting in significant impairment of the development of the child. Examples of neglect include failing to provide adequate supervision, failing to respond to emotional needs, a lack of protection (from emotional or physical harm), failing to provide clothing, accommodation and food.

[1] Safeguarding People CQC Definition
[2] NHS(E) Child Sexual Exploitation

3.7 Physical abuse (Adult)

Physical abuse can involve any of the following: burning, scalding or the exposure to extreme temperatures (hot and cold), shaking, hitting, pushing, pinching, inappropriate restraint, inappropriate use of medication, female genital mutilation, and deprivation of liberty.

3.8 Emotional abuse (Adult)

Emotional abuse is behaviour that has a detrimental effect on the individual's emotional well-being and may result in distress, e.g. bullying, verbal abuse, intimidation, isolation, over-protection or a restriction or withdrawal of an individual's human and / or civil rights.

3.9 Sexual abuse (Adult)

Sexual abuse includes sexual exploitation, including the involvement of an adult in: a sexual activity they have not consented to, the encouragement to watch any form of sexual activity, coercion into any form of sexual activity or the involvement of the adult in such scenarios when they lack the capacity to consent.

3.10 Neglect (Adult)

Neglect has two forms; it can be intentional or unintentional, and it results in the needs of the individual not being met. Examples of intentional neglect include: failure to provide the required level of care, preventing care from being administered, failure to provide access to services such as health and social care, education and other support services. Unintentional neglect may include a failure to provide the at-risk individual with the necessary level of care as the responsible person (e.g. the carer) fails to understand the needs of the individual.

3.11 Self-neglect (Adult)

Self-neglect includes: a lack of self-care, a lack of care of one's environment and the refusal of services that would reduce the risk of harm. Self-neglect may occur because the individual is unable to care for or manage themselves, they are unwilling to manage themselves, or both.

3.12 Discriminatory abuse (Adult)

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power, resulting in denied opportunities. Motivating factors include age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

3.13 Institutional (Adult)

Institutional abuse refers to a lack of respect in a health or care setting which involves routines that meet the needs of staff as opposed to the needs of the individual at risk, and violate the individual's dignity and human rights.

3.14 Financial abuse (Adult)

Financial abuse is the use of an individual's funds, property, assets, income or other resources without their informed consent or authorisation; this is a crime. Financial abuse includes: theft, fraud, exploitation, misuse of benefits, or the misappropriation of property, inheritance or financial transactions.

3.15 Modern slavery (Adult)

This includes slavery, human trafficking, servitude and forced labour. Individuals are coerced, deceived and forced into a life of abusive and inhumane treatment.

3.16 Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.[3] The Knares Medical Practice has a separate FGM Policy.

4 Policy

4.1 Overview

The safeguarding of children, young people and adults at risk is crucial for healthcare professionals working at The Knares Medical Practice. It is essential that all staff are continually aware of their responsibilities to detect individuals at risk, provide the necessary support to those affected by safeguarding issues and ensure a high-quality service, including the appropriate sharing for information.

4.2 Practice statement

The Knares Medical Practice recognises that all children, young people and adults at risk have a right to protection from abuse and neglect, and the practice accepts its responsibility to safeguard the welfare of such persons with whom staff may come into contact.

We will respond quickly and appropriately where information requests are made, abuse is suspected or allegations are made in relation to children, young people or adults at risk.

Furthermore, we will give children, young people, their parents and adults at risk the chance to raise concerns over their own care or the care of others and have in place a system for managing, escalating and reviewing concerns.

The practice will ensure that all staff are given the appropriate safeguarding training, proportionate to their role, and that they attend annual refresher training. New members of staff will receive safeguarding training as part of their induction programme.

[3] WHO FGM

Safeguarding responsibilities will be clearly defined in job descriptions and there are nominated leads for safeguarding adults and children.

4.3 Principles of safeguarding

It is possible that the GP may be the individual who identifies a child, young person or adult as being at risk. It is therefore essential that clinicians act appropriately and in a timely manner to reduce the risk of long-term abuse, in accordance with the six principles of safeguarding:[4]

1. Empowerment – people being supported and encouraged to make their own decisions and informed consent
2. Prevention – It is better to take action before harm occurs
3. Proportionality – The 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 collaboratively
6. Accountability – Accountability and transparency in safeguarding practice

The practice supports the safeguarding principles by ensuring that:

- There is a safe recruitment procedure in place, including the effective use of the Disclosure Barring Service (DBS)
- Clear lines of accountability exist within the practice for safeguarding
- All staff are aware of the safe whistle-blowing process
- All staff understand the requirement to work in an open and transparent way
- All patients are treated with dignity and respect regardless of culture, disability, gender, age, language, racial origin, religion or sexuality
- All staff adhere to the guidance in this policy and that given in the referenced texts
- All staff will effectively interact with the relevant agencies, sharing information appropriately
- All staff who work with children, young people and adults at risk are responsible for their own actions and behaviour and should avoid conduct that may lead another responsible person to question their motivation and/or intentions

4.4 Mental capacity

The Mental Capacity Act (MCA) 2005[5] offers a framework that details the rights of individuals should capacity be questioned. The principles of the MCA must be adhered to and are applicable to safeguarding.

Should an individual at risk opt to remain in an abusive situation, it is essential that they choose to do so without duress or undue influence, and are acutely aware of the risks they

[4] Care Act 2014 Six safeguarding principles.

[5] Mental Capacity Act 2005

may encounter. Should it transpire that the individual has been threatened or coerced, safeguarding interventions must override their decision to ensure that the safety of the individual is protected.

4.5 Deprivation of liberty

In addition to the MCA 2005, the practice will determine if a person is deemed to have been deprived of their liberty as detailed in the MCA 2005 Deprivation of Liberty Safeguards, published in 2009.[6]

Where it is suspected that the deprivation is unlawful, the practice will report this to the local authority within 48 hours. Additionally, the local authority has the legal power to sanction and issue a Deprivation of Liberty Safeguard Order should it be deemed necessary to restrict the freedom of an individual if it is in their best interest.

4.6 Contest and Prevent

In 2011, the government introduced the PREVENT strategy[7] as part of the counter-terrorism strategy, CONTEST. The purpose of PREVENT is to stop individuals becoming involved in terrorism; this includes violent and non-violent extremism, which can create an atmosphere conducive to terrorism.

Channel is a support programme that helps those individuals who are at risk of being drawn into terrorism. Further guidance relating to Channel can be found here: Channel Guidance

It is possible that staff will meet and treat people who are at risk of being drawn into terrorism, including supporting violent or non-violent extremism or being susceptible to radicalisation. If a member of staff suspects that an individual is at risk, they should speak to the practice Clinical Safeguarding Lead or in his/her absence the Deputy Clinical Safeguarding Lead. It may be necessary to contact the regional Prevent coordinator (RPC) for further guidance.

4.7 Responsibilities

Dr Degun is the Clinical Safeguarding Lead within the practice.

Sarah Kelleher is the Deputy Clinical Safeguarding Lead within the practice.

Dr Macaulay is the PREVENT Lead within the practice.

Teresa Euston is the Administrative Safeguarding Lead.

The Clinical Safeguarding Lead and Deputy are responsible for all aspects of the safeguarding procedures at The Knares Medical Practice.

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[6] Deprivation of Liberty Safeguards

[7] Prevent Duty Guidance.

4.8 Regional and national support information

Contact information	
Named GP for safeguarding children	Dr Degun 01268 542866 BBCCG.kmp@nhs.net
Named GP for safeguarding adults	Dr Degun 01268 542866 BBCCG.kmp@nhs.net

See below contact list of Safeguarding Team

Safeguarding Children Contact Sheet
For Advice and Support for All Providers
(Also Social Care & Police)
Basildon & Brentwood & Thurrock Clinical Commissioning Group, Phoenix House, Christopher Martin Road, Basildon Essex SS14 3HG

Designated Professionals for Safeguarding
Admin & Child Death Review 01268 594482
Designated Nurse 07534 918226
Looked after Children
07980 921307
Secure email/Child Death Notifications: BBCCG.southwestsafeguardingteam@nhs.net

BTUH Safeguarding Children Team

Safeguarding Children Team Tel: 01268 394964 Fax: 01268 394924 Email: btu-tr.safeguardingchildrenteam.nhs.net	**Safeguarding Maternity** Tel: 01268 598623 Fax: 01268 394924

NELFT Safeguarding Children Team:

Safeguarding Team

Tel :0300 555 1201 ext 65022 / Fax: Awaiting details

Social Services

Essex	Thurrock
Initial Response Team **Tel 0345 603 7627** **All Referrals where immediate action not necessary – e-mail completed referral form to FOH** FOH@essex.gcsx.gov.uk Out of Hours - Emergency Duty Services Social Worker: Tel: **0845 606 1212 or 0300 1230 779**	MASH : **Tel 01375 652802 or 652813** Out of Hours - Emergency Duty Services Social Worker: **372 468** Fax: 01375 652891 Minicom text phone: Local Authority Designated Officer for Thurrock (LADO)

Fax: 01206 851844 For Managing Allegations in the workforce: Lisa Allen, Chief Nurse **Tel**: 01268 594357	**Tel: 01375 652732** For Managing Allegations in the workforce: Jane Foster-Taylor, Chief Nurse **Tel:** 01375 365 810

Essex Police Child Abuse Investigation Units

Basildon, Billericay, Laindon, Canvey, Wickford, Rayleigh & Southend Police Child Abuse Investigation Unit **Dial 10 384140**

Thurrock, Harlow & Brentwood Police Child Abuse Investigation Team **Dial 101 ext 320200**

Call 999 if you believe a child needs immediate protection

NSPCC: 0808 800 5000
Text : 88858

www.basildonandbrentwoodccg.nhs.uk
www.thurrockccg.co.uk
For Southend Essex & Thurrock Child Protection Procedures
http://www.escb.co.uk/Professionals/InformationResources/SETChildProtectionProcedures.aspx
Please turn over for Basildon & Brentwood and Thurrock CCG area
Safeguarding Children's Team individual contact details

4.9 Common presentations which may indicate abuse

The following are potential indicators of abuse in adults at risk.

Possible indicators of physical abuse:

- Unexplained injuries or injuries inconsistent with the person's lifestyle
- Inconsistent history or a changing history
- Bruising, burns, marks, regular injuries
- Unexplained falls
- Changes in behaviour or low self-esteem
- A delay or failure in seeking medical support
- Signs of malnutrition

Possible indicators of emotional abuse:

- Low self-esteem
- Uncooperative and/or aggressive behaviour
- Resent, anger, distress
- Insomnia
- False claims to attract unnecessary treatment
- Behavioural changes when in the presence of a particular person

Possible indicators of sexual abuse include:

- Bruising to thighs, buttocks, upper arms and marks on the neck
- Torn, soiled or bloodied undergarments
- Genital pain, itching or bleeding
- Difficulty in walking or sitting
- Presence of foreign bodies
- Sexually transmitted diseases
- Pregnancy in women who are unable to consent to sexual intercourse
- Fear of help with personal care
- Reluctance to be alone with a particular person

Possible indicators of neglect:

- Dirty, unhygienic living space
- Poor personal hygiene
- Pressure sores, ulcers
- Insufficient or inadequate clothing
- Untreated injuries
- Malnutrition
- Failure to engage with social groups

Possible indicators of self-neglect:

- Unkempt appearance
- Unable or unwilling to take medication
- Extremely poor personal hygiene
- Lack of essentials (food and/or clothing)
- Hoarding
- Living in unacceptable conditions
- Malnutrition and dehydration

Possible indicators of discriminatory abuse:

- Withdrawn appearance
- Expressions of anger, frustration, anxiety or fear
- Poor support that does not meet the needs of the individual

Possible indicators of institutional abuse:

- Poor record-keeping and standards of care
- Lack of flexibility, procedures, management and support
- Inadequate staffing levels, recreational and educational activities
- Lack of choice
- Dehydration, hunger, lack of personal clothing and possessions
- Unnecessary exposure during bathing or when using the lavatory
- Lack of confidentiality
- Lack of visitors

Possible indicators of financial abuse:

- Unexplained withdrawals from accounts
- Lack of available funds
- Missing personal possessions
- Rent arrears and/or eviction notice
- Unnecessary maintenance
- Lack of receipts for financial transactions
- Persons showing an unusual interest in an individual's assets
- Lack of food, etc.

Possible indicators of modern slavery:

- Isolation
- Malnutrition
- Unkempt appearance
- Always wearing the same clothes
- Lack of personal possessions
- Unable to prove identity, i.e. lack of documentation
- Signs of physical or emotional abuse

The following are common presentations in which abuse may be suspected in a child or young person.

Possible indicators of physical abuse:

- Bruises, burns, scalds, bite marks, fractures and other injuries
- Admission by the child or young person
- Unwillingness to change into PE kit at school
- Physical signs and symptoms that could be attributed to any category of abuse and/or are inconsistent with the history given
- An inconsistent history or one that changes over a period of time
- A delay in seeking medical support
- Extreme or worrying behaviour
- Self-harm
- An accumulation of minor incidents, including repeated attendance at A&E
- Repeated attendance of a baby under 12 months of age
- Bruising or injury to a child under 24 months of age

Possible indicators of emotional abuse:

- Overly affectionate towards strangers
- Anxious or showing a lack of confidence or appears clingy
- Inappropriate language or subjects for their age
- Extreme outbursts or very strong emotions
- Showing isolation from parents of carers
- Lack of social skills or have very few friends
- Bed-wetting

- Poor attendance at school
- Insomnia

Possible indicators of sexual abuse:

- Avoidance of spending time alone with certain individuals
- Fear or unwillingness to socialise with certain persons
- Use of sexual language or knowing information that wouldn't usually be expected
- Vaginal or anal soreness and/or discharge
- Sexually transmitted infections
- Very young girls or girls with learning difficulties or disability requesting contraception, especially emergency contraception
- Girls under 16 presenting with pregnancy and/or sexually transmitted infections, especially those with learning difficulties, long-term illness or complex needs or disability
- Promiscuity
- Having unexplained physical injuries
- Association with groups of older people or antisocial groups

Possible indicators of neglect:

- Poor appearance and hygiene
- Inadequate clothing
- Hunger or lack of money for school meals
- Untreated nappy rash in infants
- Untreated injuries, conditions and dental cases
- Recurring illness or infection
- Tiredness
- Evidence of skin sores, rashes, flea bites, scabies or ringworm
- Left alone at home for prolonged periods
- Living in unsuitable environments, e.g. no heating or hot water
- Caring for others in the home, e.g. siblings

4.10 Actions to be taken if staff have concerns

Should any member of staff have cause for concern, they are to report this to the Safeguarding Lead for the practice, Dr Degun, or in his/her absence, the Deputy Safeguarding Lead, Sarah Kelleher. In the absence of one or both of the leads, the senior clinician present must raise the matter with the local Safeguarding Team. In emergency cases, a decision is to be made about contacting the police or social services.

When it is suspected that an adult at risk is suffering from abuse, staff are to:

- Remain focused
- Act in a non-judgemental manner
- Offer support, empathy and remain engaged with the individual
- Reassure the individual throughout the consultation
- Ensure that all information is recorded accurately
- Secure any evidence where possible

- Ensure that they do not give the adult at risk any promises or press them for further information

When it is suspected that a child or young person is suffering from abuse, staff are to:

- Remain focused
- Reassure the child, explaining to them that they have done the right thing and they are not to blame
- Offer support, empathy and remain engaged with the child / young person
- Explain what you need to do next
- Ensure that all information is recorded accurately, paying particular attention to dates and times of events
- Do not ask leading questions or promise confidentiality

Staff must ensure that they stay calm and liaise with the Clinical Safeguarding Lead or nominated deputy to make certain the child, young person or adult at risk is offered the most appropriate level of care. Concerns must be discussed immediately and an action plan devised.

Staff must understand that there are circumstances where a safeguarding alert may be made without consent, e.g. circumstances involving other at-risk groups or where a crime may have been committed. Disclosing this information is referred to as a public interest disclosure to share information.

4.11 Raising an alert

When it is necessary to raise an alert, a risk assessment should be undertaken to prevent further risk of harm to the child, young person or adult at risk. The initial assessment should consider:

- Whether the individual is still at risk if they return to the place where the abuse is alleged or suspected to have taken place
- The extent of harm that is likely to occur if the child, young person or adult at risk encounters the person who is alleged to have caused harm
- Whether the alleged person still has access to the child, young person or adult at risk

Once raised, the alert will be managed by the safeguarding process, which may involve liaising with additional support services to ensure the needs of the individual are met and that the risk of further harm is significantly reduced. The process will detail the actions to be taken to safeguard the individual at risk, ensuring that those involved are aware of the options available and how they can support the individual throughout the process.

4.12 Record-keeping

It is essential that all concerns, discussions and decisions are recorded in the individual's healthcare record and that the appropriate read codes are used. All correspondence relating to any safeguarding matters for a child, young person or adult at risk is to be scanned into the individual's electronic healthcare record.

Staff are to ensure that prior to sharing information, any sensitive third-party information is redacted if necessary.

Child protection reports are also to be scanned into the healthcare record and the appropriate coding used. In such circumstances, the read code used to illustrate that the child is on a child protection plan should be entered into the notes of all individuals living at the same address.

The Administration Safeguarding Lead will be able to advise staff accordingly if they have any queries or concerns.

4.13 Sharing of information

The sharing of information is essential in establishing early intervention and the protection of children, young people and adults at risk. Clinicians must understand the need to share information, when it should be shared and how they share the information.

Where possible, consent is to be obtained; however, the safety of the individual is paramount and where concern exists or individuals are deemed to be at risk from significant harm, then this is to be considered as the determining factor and information should be shared. Where doubt exists, the practice Safeguarding Lead or nominated deputy should be approached for advice.

There are seven golden rules to sharing information;[8] they are:

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. 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.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason 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 certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. 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.
6. 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 (see principles).

[8] Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers

7. 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.

4.14 Confidentiality

There may be on occasion a requirement to restrict access to an individual's healthcare record to only certain members of the clinical team. Care must be taken to ensure that the child, young person or adult at risk does not suffer embarrassment or humiliation.

Staff are reminded that they must not promise to 'keep secrets' as there will be a requirement to share the information given by the individual. The Data Protection Act does not prevent the sharing of safeguarding information.

4.15 Requests for information

At The Knares Medical Practice all requests for information which relate to any safeguarding matters are to be directed to the Safeguarding Administration Lead who will discuss the request with the Practice Safeguarding Lead or nominated deputy.

Requests are to be processed within 48 hours and, if this is not possible, the requesting authority is to be contacted and advised why and when they can expect the response.

4.16 Training

This practice is committed to having arrangements in place to ensure that all staff are trained effectively and to the level required commensurate with their role, as illustrated below:

- Level 1 – all staff working in a healthcare setting
- Level 2 – all clinical and non-clinical staff who have contact with children, young people, their parents or carers and adults at risk
- Level 3 – all clinical staff working with children, young people, their parents or carers and adults at risk, and who could potentially contribute to the assessing of, planning, intervening in and evaluating the needs of a child or young person and parenting capacity where there are safeguarding concerns.

Safeguarding training for certain staff groups can be completed using the National Skills Academy (NSA) for Health website by using this link.

Detailed information regarding the required levels of safeguarding training for professionals is given in the intercollegiate document entitled Safeguarding Children and Young People, Roles and Competencies for Healthcare Staff, 2014, which can be accessed here.

4.17 Safer recruitment

The Knares Medical Practice will ensure that the appropriate pre-employment checks are carried out prior to any individual commencing work at the practice. Applicants will be

required to undergo either an enhanced or standard DBS check depending on the position applied for.

It is acknowledged that the management team at The Knares Medical Practice has a legal duty to refer information to the DBS if any employee has harmed, or is deemed to be a risk of harm, to children, young people or adults at risk.

4.18 Whistle-blowing

All staff can raise any concerns they may have about a colleague's behaviour in confidence. For further information, see the Practice Whistle-Blowing Policy.

4.19 Allegations against a member of staff

All alleged allegations will be investigated thoroughly. The practice Safeguarding Lead is to be informed and he/she will consult with the Local Authority Safeguarding Team (Child or Adult) and if necessary the local police. The Safeguarding Lead will advise the individual concerned that an allegation has been made against them, but will not disclose any information at this stage.

Such is the seriousness of any alleged allegation, the individual concerned must be managed appropriately, in accordance with practice HR procedures. Allegations do not necessarily merit immediate suspension; this will depend on the person's role within the practice and the nature of the allegation.

Allegations are distressing for all concerned; the individual, the practice staff and the alleged person. It is imperative that appropriate advice is sought from the outset. The Local Authority Safeguarding Lead for Managing Allegations will be able to provide guidance to ensure that the correct process is followed.

4.20 Chaperoning

It may be appropriate to offer a chaperone for a variety of reasons. Clinicians should consider the use of chaperones for some consultations and not solely for the purpose of intimate examinations or procedures. A chaperone can be defined as 'an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship'.[9] The Knares Medical Practice has a separate Chaperone Policy.

4.21 Professional challenge

Professional challenge is an encouraging action taken in the best interests of the child, young person or adult at risk. It enables the challenging of decisions or actions by a member

[9] Definition of a Chaperone

of staff if they consider the stated decisions or actions not to be effective enough for those deemed to be at risk.

Should a member of staff disagree with any element of care offered to an at-risk individual, they are encouraged to discuss their concerns with the Practice Safeguarding Lead, their nominated deputy or the Local Authority Safeguarding Lead, who will provide independent guidance. It is envisaged that most professional challenges will be resolved informally and at a local level.

4.22 Did Not Attend

Whilst it is acknowledged that there are many reasons for a child, young person or adult at risk to miss an appointment, there may be occasions when failure to attend appointments is a cause for concern. Appropriate actions can be pivotal in safeguarding the child, young person or adult at risk, and where appropriate can trigger early interventions to reduce risk.

In known cases where safeguarding is a concern, if a child, young person or adult at risk fails to attend an appointment, it is the responsibility of the Clinician at The Knares Medical Practice to try to establish contact with the relatives or carer of the patient to discover the reasons why the patient failed to attend their appointment. The child, young person or adult at risk is then to be offered another appointment based on clinical need.

To ensure those at risk are offered the most appropriate level of support, the GP/ Nurse with whom the patient failed to attend is to ensure that the practice's Clinical Safeguarding Lead is informed and that any advice given is acted upon accordingly as detailed at paragraph 4.10 of this policy. Staff must ensure that they understand their individual responsibilities, which are given at paragraph 4.22.

Further information for managing children and young persons at risk who repeatedly fail to attend can be found at Annex C, which also includes a 'Was not brought' letter template.

4.23 Staff responsibilities

The following are the responsibilities of staff within The Knares Medical Practice:

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

- Ensuring that they are fully au fait with the internal, regional and national policies and procedures that underpin safeguarding
- Acting as the focal point within the practice for staff who may have concerns, addressing the concerns and taking action as necessary
- Reviewing any information regarding safeguarding concerns, investigating matters further if necessary and taking the appropriate action
- Acting as the liaison between the practice and the local safeguarding teams, facilitating the sharing of information, attending multi-agency meetings and supporting any local safeguarding investigations where requested
- Processing and sharing information within the practice in the most effective manner
- Continually reviewing the practice safeguarding processes and policy, making recommendations for change as necessary

- In conjunction with the Deputy Safeguarding Lead and Practice Manager, ensuring compliance with policy and process by means of audit
- Encouraging training for all staff groups
- Ensuring staff are supported appropriately when dealing with any safeguarding matter

NB: The Deputy Practice Safeguarding Lead will assume the above responsibilities in the absence of the Practice Safeguarding Lead.

The **Partners** are responsible for:

- Ensuring safeguarding children, young people and adults at risk is central to clinical governance
- Contractual compliance with clinical governance arrangements for effective safeguarding policies and procedures
- Ensuring that all staff are trained and know how to react to concerns raised and recognise potential indicators for abuse

The **Practice Manager** is responsible for:

- Ensuring that safeguarding responsibilities are clearly defined in the job descriptions of all staff
- Adhering to the pre-employment requirements and ensuring that an effective recruitment process is in place
- Reaffirming the significance of safeguarding to all staff within the practice

The **GPs** are to:[10]

- Take prompt action if they think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

In addition, GPs should be afforded the necessary time to effectively contribute to safeguarding meetings, case conferences and external meetings in support of their patients.

The **Practice Nurse** is responsible for:

- Ensuring compliance with the NMC Code of Conduct and:[11]
    - Acting as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care
    - Sharing necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality
    - Sharing information to identify and reduce risk
    - Raising concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection

[10] GMC Good Medical Practice 2013

[11] The Code for Nurses and Midwives NMC.

All staff have a responsibility to:

- Know how to act should they recognise potential indicators of abuse or neglect
- Understand the practice and local safeguarding policies and procedures
- Partake in meetings and case conferences when requested regarding safeguarding matters
- Attend and/or complete regular training commensurate with their role in accordance with their individual terms of reference and practice policy

4.24 Audit

To ensure compliance with this policy and the processes contained within it, the practice Safeguarding Lead, Deputy Safeguarding Lead and the Practice Manager will ensure that regular audits are undertaken.

A toolkit of audit can be found at Annex A.

4.25 Summary

Safeguarding is the responsibility of all staff; it is a mechanism for identifying and supporting those children, young people and adults who are at risk from harm and neglect. Staff must be alert to the potential indicators and fully understand how to act if they suspect abuse or neglect. In doing so, the risk of prolonged harm and neglect will be reduced and the individuals affected will be offered the appropriate level of support and, where applicable, justice will be sought.

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Annex A – Audit tool for monitoring safeguarding policy & procedure

RAG status indicator:

Red		Non-compliant against standards
Amber		Partially compliant and an action plan is in place with SMART objectives
Green		Fully compliant

Standard	Guidance	Evidence	RAG status Adult	RAG status Child
Accountability: There are Safeguarding Adults & Children's polices in place.	• There are named safeguarding leads for safeguarding children and adults at risk. • The policy states who staff should discuss any safeguarding concerns with. • There is a process of continuous improvement in place regarding policy review and update. • The policy refers to extant legislation.	***See practice safeguarding policy*** ***Dr Degun is the lead*** ***Examples include****:* *Mental Capacity Act (2005)* *Deprivation of Liberty Safeguards (2009)* *Care Act (2014)* *Prevent Duty Guidance (2015)* *Information Sharing (2015)*		
Governance & assurance: The practice is registered with the Care Quality Commission (CQC).	• The practice is compliant with Regulation 13 Safeguarding service users from abuse and improper treatment • The practice demonstrates compliance with Key Lines of Enquiry (KLOE)			
Policy & procedure: There is an	• A comprehensive whistle-blowing policy is to	***All policies are available upon request***		

effective whistle-blowing policy in place, which details the process for raising concerns, suspicions and allegations of abuse by a staff member.	be in place, which encourages staff to raise concerns, and that they will not be penalised or jeopardise their own position. • Staff are aware of how to raise suspicions, concerns or allegations of abuse about a member of the team. • Staff are aware of PREVENT and how to escalate concerns.	*Complaints Policy* *Whistle-blowing Policy* *Safeguarding Policy*		
Information sharing: There are systems in place for the appropriate, effective sharing of information. The practice promotes a culture of openness, honesty and transparency.	• Staff are aware of the procedures to be followed and how information is to be shared if they suspect a child, young person or adult is at risk of harm, abuse or neglect. • All staff are aware of the guidance available to them by their representative professional bodies. • There is a Duty of Candour within the practice in accordance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	• *Safeguarding Policy; this policy should include a section on information sharing and link to Information-sharing advice for practitioners providing safeguarding services to children, young people, parents and carers* • *Staff are aware of, and use the safeguarding templates on the clinical system.* • *Staff have access and the authority to share information where appropriate and smartcards are enabled to facilitate this.* • *There is evidence of regular multi-disciplinary meetings to discuss and share information.* • ***MDT meeting minutes are available upon request***		
Inter-agency working: The practice effectively liaises with external agencies to protect those at risk.	• Staff are aware of their individual responsibilities to share information and to engage with external agencies when requested. • Staff are aware of the alert process and the	*Hyperlink evidence of participation:* • *Minutes from meetings* • *Contributions to processes and conferences*		

	requirement for action plans to be produced and acted upon in a timely manner. • Clinicians invited to multi-agency meetings regarding safeguarding matters are allocated the time to do so and contribute effectively to the meeting, completing any administrative tasks, i.e. submitting reports efficiently.	• *Clinical system shares*		
Safer recruitment: There are robust recruitment processes in place to prevent those people who pose a risk from working with children, young persons and adults at risk.	• Practice recruitment policy is in place which details the requirement and arrangements for Disclosure and Barring Service (DBS) checks.	*Recruitment Policy* *Safeguarding Policy* *Evidence of DBS checks for staff*		
Training: All staff have completed the requisite training commensurate with their role. Staff are aware of their responsibility and how to act if they have any concerns.	• Staff complete the appropriate level of training depending on their roles and responsibilities. Training is undertaken every 3 years and recorded by the training coordinator. • Staff responsibilities are detailed in the Safeguarding Policy for all staff groups.			
Accessing support: All staff have access to the appropriate level of support and supervision in line with their roles and responsibilities.	• It is clearly defined within the Safeguarding Policy who staff (at all levels) can contact for support, for safeguarding matters for children, young people and adults at risk.	• *Support is detailed in the practice Safeguarding Policy.* • *Arrangements are in place for the Safeguarding Lead to attend local authority meetings.* • *There is evidence of effective communication within the practice multidisciplinary team regarding the sharing of safeguarding information.*		

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Annex B – Safeguarding leaflet

Safeguarding children, young people and adults

Practice leads

Dr Degun, Adult Safeguarding Lead

Dr Degun, Child Safeguarding Lead

Sarah Kelleher, Deputy Safeguarding Lead

Teresa Euston, Administrative Safeguarding Lead

The team will ensure that you receive the appropriate level of support.

Who to contact

Adult Community Services: Safeguarding Team

Address:

Basildon Borough Council
The Basildon Centre
St Martin's Square
Basildon
Essex
SS14 1DL
United Kingdom

Tel:

01268 533333

Child Services:

Designated Professionals for Safeguarding
Admin & Child Death Review 01268 594482
Designated Nurse 07534 918226. 07980 921307

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What to do

If you are being abused, know of someone who is being abused or think someone may be at risk, it is important that you inform the right people.

We want to reassure you that the people who you talk to will take your concerns seriously, are able to provide support, guidance and take action to ensure the safety of everyone.

Please speak to a member of staff who will help you get the help you need. All our staff are trained in safeguarding; **they will support you!**

What is safeguarding?

Safeguarding

Is defined as protecting people's health, well-being and human rights, enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.

Adult at risk

Is a person aged 18 or over in need of care and support, or someone already receiving care and support and as a result is unable to protect himself / herself from harm, abuse or neglect.

Child or young person

This is any person, male or female, under the age of 18 in need of care and support, or someone already receiving care and support and as a result is unable to protect himself / herself from harm, abuse or neglect.

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Types of abuse

There are many types of abuse, such as:

- **Physical –** hitting, biting, shaking, pushing
- **Sexual –** any sexual contact which is non-consensual
- **Emotional –** humiliation, intimidation, verbal abuse
- **Neglect –** ignoring or refusing basic care needs
- **Self-neglect –** inability to care for oneself
- **Discriminatory –** values, beliefs or culture results in a misuse of power
- **Institutional –** misuse of power and lack of respect by professionals, poor practice
- **Financial –** use of an individual's funds without consent or authorisation
- **Modern-day slavery –** includes human trafficking, servitude and forced labour

These are just some examples of how people can be abused or neglected through actions directed towards them that cause harm, endanger them or violate their rights.

Who can abuse?

Abuse can occur anywhere, such as at home, in a care setting, hospital, college, school, in public places. It could be from:

- **Family members or friends**
- **Other patients or those at risk**
- **Young people**
- **Care workers or volunteers**
- **Professionals**
- **Strangers**

Don't delay; if you suspect or know that someone is at risk of harm, abuse or neglect, report it immediately!

Safeguarding is the responsibility of everybody.

Annex C – Was not brought

Introduction

Repeatedly failing to attend appointments for some children or young persons may be an indicator that there is an increased safeguarding risk. At The Knares Medical Practice failure to attend in relation to a child or young person will be referred to as “Was Not Brought” or WNB; this statement clearly reflects the point that children and young people rely on their parents, carers or guardians to bring them for appointments.

Cause for concern

Whilst it is acknowledged that many missed appointments are genuine oversights, instances of repeated cancellations, rescheduling of appointments or WNBs all merit cause for concern.

The following flow diagrams detail how The Knares Medical Practice will manage such occurrences. The first flow diagram explains the steps to be taken should a child or young person not attend appointments at this practice. The second applies if a child or young person does not attend appointments following a referral, i.e. hospital appointments.

Referral

If a clinician has significant concerns, they are to initiate a child protection referral using the contact numbers detailed below. Any verbal referral is to be followed up in writing within 24 hours by the referring clinician. Where the clinician believes that harm is imminent, they should call the police immediately.

Contact numbers

Children’s Social Care Contact Centre: see above under Safeguarding team list

Emergency Duty Team: see above under Safeguarding team list

Local Safeguarding Children Board: see above under Safeguarding team list

Record-keeping

All staff are to retain accurate records at all times, using the appropriate read codes and ensuring that all actions are annotated, outlining any actions taken.

Child or young person WNB to an appointment at the practice

Clinician to review reason for appointment

Clinician to determine the history; have there been previous occurrences?

Were there reasons given for the above?

Does this occurrence have an impact on their well-being or health?

Are there known safeguarding concerns (previous or current)?

YES	NO
Clinician to contact parents / carers / guardians by phone to determine the reasons for non-attendance and arrange an appointment	Clinician to contact parents / carers / guardians by phone to determine the reasons for non-attendance and arrange an appointment
Accurately record actions taken (read-coding appropriately)	Accurately record actions taken (read-coding appropriately)
Contact relevant team to discuss an appropriate action plan (health visitors / socials workers etc.)	
If the clinician is concerned that the child or young person is at significant risk, they are to escalate their concerns, making a safeguarding referral	
Contact the Local Authority (LA) Children's Social Care [amend as required by practice].	

Child or young person WNB to an appointment following a referral to secondary care

Practice receives notification of WNB

Practice to copy notification and send it to parents / carers / guardians

Practice to determine if health visitor or social workers need to be informed (if applicable)

Does this occurrence have an impact on their well-being or health?

Are there known safeguarding concerns (previous or current)?

YES	NO
Clinician to contact parents / carers / guardians by phone to determine the reasons for non-attendance, advising them of the implications	Clinician to contact parents / carers / guardians in writing, informing them of the need for re-referral
Clinician to re-refer the patient	Clinician to re-refer the patient
Contact relevant team to discuss an appropriate action plan (health visitors / socials workers etc.)	Accurately record actions taken (read-coding appropriately)
If the clinician is concerned that the child or young person is at significant risk, they are to escalate their concerns, making a safeguarding referral	
Accurately record actions taken (read-coding appropriately)	

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Template for 'Was Not Brought' letter

Dr Degun and Macaulay
The Knares Medical Practice
93 The Knares
Basildon SS16 5SB

Dear [insert parent or carer name],

At The Knares Medical Practice, we are committed to ensuring that all of our patients receive quality, evidence-based care at all times. Such is our desire to facilitate the effective delivery of care, we have in place policies and protocols which support our aim in achieving this.

Our Safeguarding Policy has been written to ensure that our patient population receives the necessary care and support when it is needed. As young children rely on their parents or carers to bring them for appointments, we monitor and follow up any missed appointments for children, thereby ensuring they receive the care they need, when they need it.

We note from our records that [insert patient name] missed their appointment on [insert date] at [insert time] with [insert GP name].

It is acknowledged that missed appointments can be genuine oversights, but repeated missed appointments give us cause for concern and we use the term 'Was Not Brought' to describe this.

We are writing to request that you [contact the practice and arrange an appointment for [insert patient name] as soon as possible **or** you request that the named clinician calls you to discuss [insert patient name]. The practice telephone number is [insert telephone number] or alternatively you can arrange an appointment using our online service.

Yours sincerely,

[Insert signature]

for

[Insert named clinician]