

Primary Care Directorate
Health E1
Safeguarding SOP

Document Control

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Raising and Acting on concerns about patient safety	January 2012	General Medical Council	Lead GP	
No Secrets	June 2013	Department of Health	Department of Health	Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse
V2	Aug 2018			Updated due to service provider change
V3	Aug 2019			Updated contact details
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This document is to be used in conjunction with the safeguarding policy:

Policy

To access the safeguarding policy please click this link whilst on an ELFT network:

<https://www.elft.nhs.uk/intranet/teams-support-me/governance-and-risk-management/policy-management/trust-policies>

Responsibility

WHO IS RESPONSIBLE FOR SAFEGUARDING?

You are!!!



**Safeguarding is EVERYBODY'S
business.**

If you have a concern, REPORT IT!

Data Protection

Protect our data!
#bedatasafe



Data Protection Tips



ALL INFORMATION HAS A VALUE.

All the information you work with has value, think before you take it home. If you need to dispose of it, do this securely (confidential waste / shred it).



ONLY SHARE DATA WHEN YOU ARE ALLOWED TO.

There are many rules around sharing personal data. Be cautious when sharing data with others. Follow your companies policies, if you are not sure, ask.



KNOW WHAT TO DO IF YOU'VE HAD A BREACH.

If you think you've made a mistake and it could have compromised personal data, make sure you report it immediately. This includes if it has happened outside working hours.



SENDING EMAILS, CHECK AND CHECK AGAIN.

Many breaches occur due to an incorrect recipient or the wrong attachment document. Do not rush, check the attachment, check the intended recipient, then hit send.



NEVER LEAVE INFORMATION UNATTENDED.

Always lock your computer in the office and at home. Never leave papers on your desk. If you are working on a train or at home, ensure others cannot see your screen.

Resources

Need help communicating?

The NHS must follow these **5 steps** if you have a **communication need** (eg. a BSL interpreter, language interpreter, or information in braille)



Domestic violence woman's aid and refuge

The Freephone, 24-hour National Domestic Abuse Helpline 0808 2000 247

Website - <https://www.nationaldahelpline.org.uk/>

Family Action
Family Action Head Office
34 Wharf Road
London, N1 7GR
Tel: 020 7254 6251

Rape Crisis

Help 24/7 with a 24 hour helpline

Email rcewinfo@rapecrisis.org.uk

Safeguarding and Information Governance Leads

Practice Name	Health E1
Our ELFT Information Governance (GDPR) Lead is:	Chris Kitchener
Our ICB Data Protection Officer is:	Jamie Sheldrake – Data Protection Officer (jamie.sheldrake@nhs.net or nelondonicb.ig@nhs.net) Sohifa Kadir – GP Practice Data Protection Officer (nel.gpdpoig@nhs.net)
Our ICB Information Governance Lead is:	Foluke Oyinlola – IG Manager (foluke.oyinlola@nhs.net or nelondonicb.ig@nhs.net)
Our Local Safeguarding Lead is:	Dr Matthew Burridge
Our ELFT Safeguarding Adults Lead is:	Dinh Padicala - dinh.padicala@nhs.net - Associate Director for Safeguarding Adults and Domestic Abuse: 02081215403
Our ICB Safeguarding Adults Lead is:	Aleister Griffin Aleister.griffin@nhs.net https://northeastlondon.icb.nhs.uk/our-organisation/safeguarding/
Our ELFT Safeguarding Children Lead is:	Victoria Winfield-Brown – Victoria.winfield-brown@nhs.net - : Associate Director for Safeguarding Children: 07940001247
Our ICB Safeguarding Children Lead is:	Emma Tukmachi emmatukmachi@nhs.net
Our ELFT Caldicott Guardian Lead is:	David Bridle
Our Local Caldicott Guardian Lead is:	Dr Matthew Burridge

Principle

It is the firm belief of Health E1 Medical Centre that every individual who accesses our services has a right to be free from fear and intimidation, to be treated with dignity and respect, to have their choice respected and not to be coerced to do anything against their will.

The Practice follows the guidelines suggested in the revised version of the GMC document “Raising and acting on concerns about patient safety”, effective 12 March 2012, a copy of which can be downloaded here:

http://www.gmc-uk.org/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf_47223556.pdf

Definition of Abuse

The Department of Health defines abuse as “a violation of an individual’s human or civil rights by any other person or persons”.

Regulated Activity and Adults At-Risk (formerly Vulnerable Adults)

From 10th September 2012, the new definition of regulated activity (as prescribed in the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012) no longer labels adults as at-risk simply because of the setting in which they receive an activity, nor because of the personal characteristics or circumstances of the adult receiving the activity.

The new definition identifies the activities themselves, which, if an adult requires them, lead to that adult being considered at-risk at that particular time.

There is also no longer a requirement for persons working in organisations to carry out the activities a certain number of times before they are engaging in regulated activity. Any time a person engages in the activities set out below, they are engaging in regulated activity (regulated activity still excludes family and personal non-commercial arrangements).

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people), however only one category should apply to General Practices:

Providing Health Care - Any health care professional providing health care to an adult, or Anyone who provides health care to an adult under the direction or supervision of a health care professional.

Other Social Factors that may Facilitate Abuse

There are other social factors not covered within the above definition which, when present, may also leave those affected open to abuse. They are:

- Low self-esteem
- Social exclusion
- Drug or alcohol misuse
- Offending history
- Homelessness
- Domestic violence
- Ethnicity
- Immigration status
- Gender or sexuality

How Can Abuse be Perpetrated?

Health E1 Medical Centre recognises that abuse can be perpetrated in one of three ways:

- Deliberate intent
- Negligence
- Ignorance

Incidents of abuse can be one-off events, or carried out over a long period. There may be one or more persons involved in these acts.

Abuse can, perhaps indirectly, be facilitated by an organisation if they do not have the requisite policies, procedures and systems in place to safeguard against such actions.

Abuse of patients can occur either at their own home or within a Practice setting. The Practice must therefore aim to, consistently, look beyond any obvious single instance of abuse or breach of policy and practice within our services and try to identify any less obvious, more complex patterns of harm.

Forms of Abuse

There are many potential forms of abuse which could take place, including:

- Physical acts
- Sexual acts
- Psychological and emotional
- Financial or material
- Neglect
- Ignorance or omission
- Discrimination
- Social
- Institutional

Recognising Abuse

Practice staff needs to have an awareness and understanding of the indicators of potential abuse.

The presence of one or more indicators does not necessarily mean that abuse is taking place, but may mean that further investigation, observation and recording of events and occurrences must be undertaken.

Although victims of abuse will not always react in the same way, some of the more common indicators could include:

- Full or partial disclosure
- Frequent and unexplained minor injuries or bruising
- Signs of depression or stress
- Neglected personal care
- Weight loss
- Changes in habits and frequent mood swings, ranging from withdrawal from social activities to a total lack of communication
- Exaggerated, sudden and unexpected personality and behavioural changes
- Confusion
- A state of new and persistent financial hardship
- A lack of recognition of any real problem
- Attention seeking behaviour
- Acceptance or resignation that their circumstances are as such due to the individual being of a certain characteristic (e.g. age, disability, race, gender).

Prevention of Instances of Abuse

Health E1 Medical Centre understands its responsibility and commitment to the prevention of abuse. In this regard, the Practice has identified the following measures to assist in the prevention of incidents of abuse, including:

- Ensuring that there are robust policies and procedures in place which are meticulously followed and regularly reviewed, and that staff are sufficiently skilled and have an astute awareness of forms of abuse;
- An effective recruitment and selection process, involving CRB checks and employment reference checks;
- Ensuring that breaches of policies, procedures or systems are dealt with swiftly, proportionately and consistently;
- Maintaining positive and effective relations with other service providers for the protection of service users;
- Reporting cases of abuse to line-management and / or the appropriate authorities.

Monitoring of Multiple Related Serious Incidents

Mohammed Al-Mahfuz, Practice Manager must keep a log of any complaint, both formal and informal, where members of staff or other Practice visitors have allegedly abused service users.

Repeat cases where a staff member is the alleged abuser will be discussed with the Lead Clinicians and appropriate action taken in-line with Practice policy and procedure.

Confidentiality of Information

The Practice's Confidentiality Policy and Procedures will be followed in all cases where we receive any information concerning alleged abuse of one of our service users.

Where the alleged perpetrator is a member of the Practice's staff, confidentiality will be respected in-line with the Disciplinary Policy and Procedure.

The Lead Clinicians should be informed of any allegations of abuse prior to contacting external agencies.

Consent of the Service User

Any actions in relation to the reporting of incidents of abuse, including referrals to Social Services and the Police, must be subject to the written consent of the service user (where they have capacity to make such a decision).

Action will only be taken in the absence of consent from the service user under the following conditions:

- There is a recognised risk of immediate physical danger;
- There is also a risk to other persons who may or may not also be service users;
- It has been assessed by a multi-disciplinary team and agreed that the service user is unable / incapable of making an informed decision for them.

Disclosures of Abuse

Staff members, other service users and their family or friends, external agencies or the general public may disclose allegations of abuse perpetrated upon service users in receipt of the Practice's services.

Where the alleged abuse has taken place and by whom, will probably be a deciding factor on who they will report this to in the first instance.

Service users may not always realise they are being abused. If they happen to make a disclosure of abuse themselves, they may not be aware of the significance of what they are actually disclosing. Disclosures can also happen long after the event(s) took place. There may be good reasons for this and any delay in disclosure by an abused person should not cast doubt on their truthfulness.

Staff members are expected to take all allegations seriously, whomever they come from and however insignificant they may initially seem.

Disclosures by staff members, service users, family members and friends, or other service providers / agencies

During a disclosure of alleged abuse from any of the above groups, the staff member taking the disclosure should:

- Always explain that they are required to share this information with their line manager. (Where the line manager is allegedly involved in the incident, staff members must explain that they are required to inform their immediate superior).
- If it is possible and appropriate, staff should make notes at the time of the disclosure, noting what the person actually says using their own words and phrases.
- A full record of the disclosure must be made as soon as possible and always within 24 hours.

Disclosures made by a member of staff about alleged abuse of a patient by another staff member

Where a member of staff wishes to disclose alleged abuse perpetrated by a colleague they must immediately contact the Practice Manager who will discuss the issue with the Practice Partners. (Where the Practice Manager is allegedly involved in the incident, staff members must explain that they are required to inform the Practice Partners).

Lead GP will set-up an investigation immediately and this may involve the colleague being suspended from work.

If the member of staff wishes the allegation to remain confidential, the Practice Manager will discuss the options for action, which are available with the Lead Clinician and then feedback to the individual.

The Practice Manager should discuss the option of approaching the Police with the individual if appropriate.

All staff members will take reasonable steps to respect the confidentiality of the person disclosing the alleged abuse.

Health E1 Medical Centre will aim to ensure that the staff member making the disclosure is supported and protected from reprisals or victimisation as a result of an expression of concern.

If staff members observe an incident of abuse or have any suspicions of abuse, or receive a disclosure from a service user or another source, where the alleged abuser is a member of staff, they must comply with the Public Disclosure Act (1998).

This Act requires staff members to report any fraud, misconduct or malpractice to their line manager. Failure to do so may result in disciplinary action against that particular individual.

Working Collaboratively with other Agencies

Multi-agency policies and procedures are in place throughout the NHS to ensure the continued protection of service users.

These collaborative partnerships exist so that reporting of alleged offences and subsequent action between Local Authorities, Police and those who provide a range of services to people can take place.

Adults who have been abused, or it is suspected have been victims of abuse, will have a protection plan agreed collaboratively with all the multi-agencies involved. Each plan will be tailored to the adult's individual case.

All actions in relation to each case are recorded on the individual protection plan which is shared by all agencies involved to enable them to co-operate effectively, and reduce the risk of further abuse.

If there is either suspicion or clear evidence of abuse, the Practice Manager, in conjunction with the Practice Partners, must contact the relevant authority within 24 hours of a decision being taken to refer, in accordance with the relevant local multi-agency procedure. "Patricia Anglin", Practice Manager is responsible for doing this.

Criminal Offences

The Practice recognises that many instances of abuse constitute a criminal offence, and in such cases the victim is entitled to the protection of the law in the same way as any other person.

Criminal offences may include the following:

- Physical or psychological assault
- Rape or sexual assault
- Theft
- Fraud
- Discrimination, victimisation or harassment

Where there is obvious evidence of a criminal offence, a simultaneous referral to the Police must be made and, in such cases, criminal investigations by the Police take priority over all other lines of enquiry.

The reporting Practice Manager must inform the Practice Partners when a referral has been made to the Police.

Suspected Abuse – Action Required

Whenever abuse of a service user is suspected, staff members should inform the Practice Manager who should follow the procedure below:

Step 1

Practice Staff or GP must contact the emergency services immediately if a service user appears to be in immediate physical danger. Be aware of retaining forensic evidence. If there is no immediate physical danger apparent, proceed directly to Step 2.

Notify the CQC of Incidents reported to the Police or being investigated by the Police

The Practice is required to notify the CQC of any incident reported to, or investigated by the police that is associated with the delivery of the service and affects or may affect the health, safety and welfare of a person using the service, its staff, or anyone who visits the service.

There is a dedicated notification form to report such incidents – it is contained in the Outcome 20 document "Notification of Other Incidents - Outcome 20 Composite Statement and Forms.

Lead GP at the Practice is responsible for notifying the CQC of an occurrence of this type of incident.

Where the Registered Person is unavailable, for any reason, the practice manager will be responsible for reporting this type of incident to the CQC.

Step 2

The Practice Manager should discuss the situation and courses of action available with the service user who has had abuse perpetrated upon them.

The Practice Manager should report the full facts and circumstances of the situation to the Lead Clinician, and discuss available options and required action, having considered the following:

- If immediate referral to the Police and / or Social Services is required;
- If there is a need to contact any partner care / support agency;
- Review of relevant records, particularly similar incidents of the same kind;
- Consider the immediate health / welfare needs of the alleged victim or any other adult at risk who may be affected and methods for supporting the service user, including access to counselling services.
- The Practice Manager will consider with the Partners the appropriateness, or not, of notifying the alleged abuser of the allegation made against them prior to a referral to Social Services and / or the Police. Social Services and / or inter-agency input should be sought when making this decision.

Step 3

The Practice Manager, with input from the alleged victim and support from the Practice Partners, should complete an Incident Recording Form within 48 hours of the report / incident of abuse.

- It is essential that the above form is signed and dated and completed in a manner that:
 - Is clear and factual;
 - Reflects the words and phrases used by the person making the disclosure;
 - Describes the circumstances in which the disclosure arose (i.e. context, setting and persons present).
 - Contains factual information only (opinions or third party information must be clearly identified as such).

An action plan outlining actions to be taken, when and by whom, must be devised in consultation with the service user. This plan will be produced jointly by the Practice Manager and Lead Clinician, and should be reviewed by those parties, along with the service user, at appropriate intervals to ensure it is being carried out.

A copy of the completed Adult Abuse Incident Recording Form and Action Plan, plus additional records pertaining to the incident should be kept in the service user's file.

The issue of confidentiality should be considered, for example if the allegation involves a staff member, (i.e. will that staff member have access to the file in the course of their duties?)

Private and confidential information on staff should be kept separately from the case file and placed on the personnel file only.

Notifying the CQC of allegations of abuse

Lead GP at the Practice is responsible for notifying the CQC without delay about allegations of abuse including:

- Any suspicion, concern or allegation from any source that a person using the service has been or is being abused, or is abusing another person (of any age), including:
 - a) Details of the possible victim(s), where this is known, including
 - b) A unique identifier or code for the person
 - c) The date they were or will be admitted to the service
 - d) Their date of birth
 - e) Their gender
 - f) Their ethnicity
 - g) Any disability
 - h) Any religion or belief
 - i) Their sexual orientation
 - j) All relevant dates and circumstances, using unique identifiers and codes where relevant
 - k) Anything you have already done about the incident
- A unique identifier or code for the actual or possible abusers, together with, where it is known:

- The personal information listed in a) > k) above
- Their relationship to the abused person
- A unique identifier or code for any person who has or may have been abused by a person using the service, together with (where known):
 - The same personal information listed in a) > k) above
 - Their relationship to the abused person
- The person who originally expressed the suspicion, concern or allegation (using a unique identifier or code).
- In relation to where the alleged or possible victim of abuse is an adult the notification must include details of the allegation, including:
 - Any relevant dates, witnesses (using unique identifiers or codes) and circumstances.
 - Whether the allegation has been reported to local multi-agency safeguarding arrangements and/or the police.
 - The type of abuse (using the categories in the Department of Health document No Secrets).
 - Anything the registered person has done as a result of the allegation.

Where the Registered Person is unavailable, for any reason, Mohammed Al-Mahfuz will be responsible for reporting the allegation to the CQC.

There is a dedicated Notification form for this type of incident. The form is contained in the Outcome 20 document "Notification of Other Incidents – Outcome 20 Composite Statements and Forms"

Step 4

If no referral is made to Social Services or no further action taken, including contacting the Police, the Practice Manager and clinical lead must:

- Keep records of all decisions, including why no further action is to be taken;
- Regularly monitor the situation and review the agreed action plan;
- Discuss with the service user, any appropriate help-line or counselling services that are available;
- Carry out a Practice Risk Assessment and note actions on an Individual Support Plan

Step 5

If a referral is made to Social Services this should be made by phone and followed by written notification to the local Social Services department.

Step 6

Add the information on DATIX to be reviewed and discussed in next clinical meeting.

Investigating Allegations of Abuse

When investigations into alleged abuse of service users are undertaken it is crucial that the individual's privacy, dignity, independence and choice are taken into consideration throughout the entire process.

Therefore, Health E1 Medical Centre aims to ensure that the service user is fully supported and has access to all the relevant information to enable them to make informed decisions regarding possible follow-up action.

Internal investigations into alleged abuse of service users will be undertaken by the Practice Manager and Lead Clinician. The person(s) investigating will liaise with Social Services where appropriate, and the Police where a criminal offence is suspected.

This will be done in-line with the local multi-agency framework for the protection of service users.

Where the persons investigating consider that there is possible misconduct by staff, the Practice's normal disciplinary procedures will also apply.

If there is a criminal investigation, the persons investigating will agree the timing of the disciplinary investigation with the Police.

Where the Alleged Abuser is a Member of Staff

Where the alleged or suspected abuser is a member of staff, a full internal investigation must take place. This does not exclude investigations also being carried out by Social Services, the Police and any other relevant authority (e.g. GMC).

Where the Alleged Abuser is another Service User

Where the alleged abuser is another service user, steps 1 to 5 of the above procedure will apply.

Where the alleged victim has asked that no further action be taken, and where it is determined that the alleged victim and other service users are at continued risk, the Practice Manager should contact Social Services, and the Police if a possible criminal offence has taken place.

It must be remembered that there will also a duty of care towards the alleged abuser, who may need the same or greater support as was available before the allegation.

The Practice Manager must therefore carry out a thorough Risk Assessment to establish the likelihood of the alleged abuser perpetrating further instances of abuse of the alleged victim or other service users.

Clear interventions for reducing risk must be agreed between the Practice Manager and Lead Clinician, and communicated to all staff, providing support to the alleged perpetrator, victim and other service users who may be affected.

The Practice Manager must also liaise closely with Social Services in order to develop a revised support plan which aims to ensure that the alleged perpetrator's support needs are met.

Where the Alleged Abuser is a Worker Employed by another Service Provider

Where the alleged abuser is a worker employed by another service provider, steps 1 to 6 of the procedure must be followed.

The Practice Manager must immediately invoke the Multi-Agency Policy and plan and agree investigation protocols.

CONTACT DETAILS FOR TOWER HAMLETS SAFEGUARDING TEAM

0300 303 6070

enquiry@towerhamletsconnect.org

Are You Concerned an Adult is at Risk of Abuse or Neglect?

STAGE 1: CONCERNS: What is an adult or child safeguarding concern?

An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs that they may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this.

What should I do to address the Concern?

Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger:

- Arrange any medical treatment;
- If a crime is in progress or life is at risk, dial emergency services – 999;
- Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation;
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
- Ensure that other people are not in danger;
- Ensure your own safety as a priority;
- If concern relates to staff, refer to the staff allegation policy;
- Get support to think through next steps from line manager, operational lead, ward manager

Raise concern to the Local Authority where the concern occurred, not the Local Authority for where the service user ordinarily resides

Newham: Accessto.AdultsSocialCareTeam@newham.gov.uk

Newham MASH: MASH@newham.gov.uk (02033733142)

Tower Hamlets: adultcare@towerhamlets.gov.uk

Tower Hamlets MASH: mash@towerhamlets.gov.uk (02073643444)

City and Hackney: adultprotection@hackney.gov.uk

City and Hackney FAST: 02083565500

If a response is not received it is the responsibility of the referrer to follow up the outcome of the concern by contacting the Local Authority Safeguarding team.

For ELFT staff who need support/advice about any Safeguarding concerns. Please contact the Named Professional for Adult Safeguarding:

Dinh Padicala - dinh.padicala@nhs.net - Associate Director for Safeguarding Adults and Domestic Abuse: 02081215403

James Thomas - james.thomas44@nhs.net - Named professional for safeguarding children (Tower Hamlets): 02081215358 / 07341789596

Cheneka Murray – Cheneka.murray@nhs.net - Named professional for safeguarding children (City and Hackney): 07435733991

Suzaan Jenkinson – Suzaan.jenkinson@nhs.net - Named Professional for Safeguarding Adults (Bedford and Central Beds): 01234316716 / 07775 002926

Dermott Flynn – dermott.flynn@nhs.net - Named Professional for Safeguarding Adults (Luton): 01234316716 / 07775027164

Emma Crivellari - emma.crivellari@nhs.net - Named professional for Safeguarding Adults (Newham): 07789877158

Tony Alston - tony.alston@nhs.net - Named professional for Safeguarding Adults (Bedfordshire): 07920075744

For ELFT staff who need support/advice about any Safeguarding concerns. Please contact the Named Professional for Child Safeguarding:

Victoria Winfield-Brown – Victoria.winfield-brown@nhs.net - : Associate Director for Safeguarding Children: 07940001247

Gurinder Lall – gurinder.lall@nhs.net - Named professional for Safeguarding Children (Tower Hamlets): 07908194436

Catherine Jordan – Catherine.jordan2@nhs.net - Named professional for Safeguarding Children (Luton): 07733124587

Maura Hubbard – maura.hubbard@nhs.net - Named professional for Safeguarding Children (Newham): 07867177225

Bev Heredge – bev.heredge@nhs.net - Named professional for Safeguarding Children (City & Hackney): 07721237802



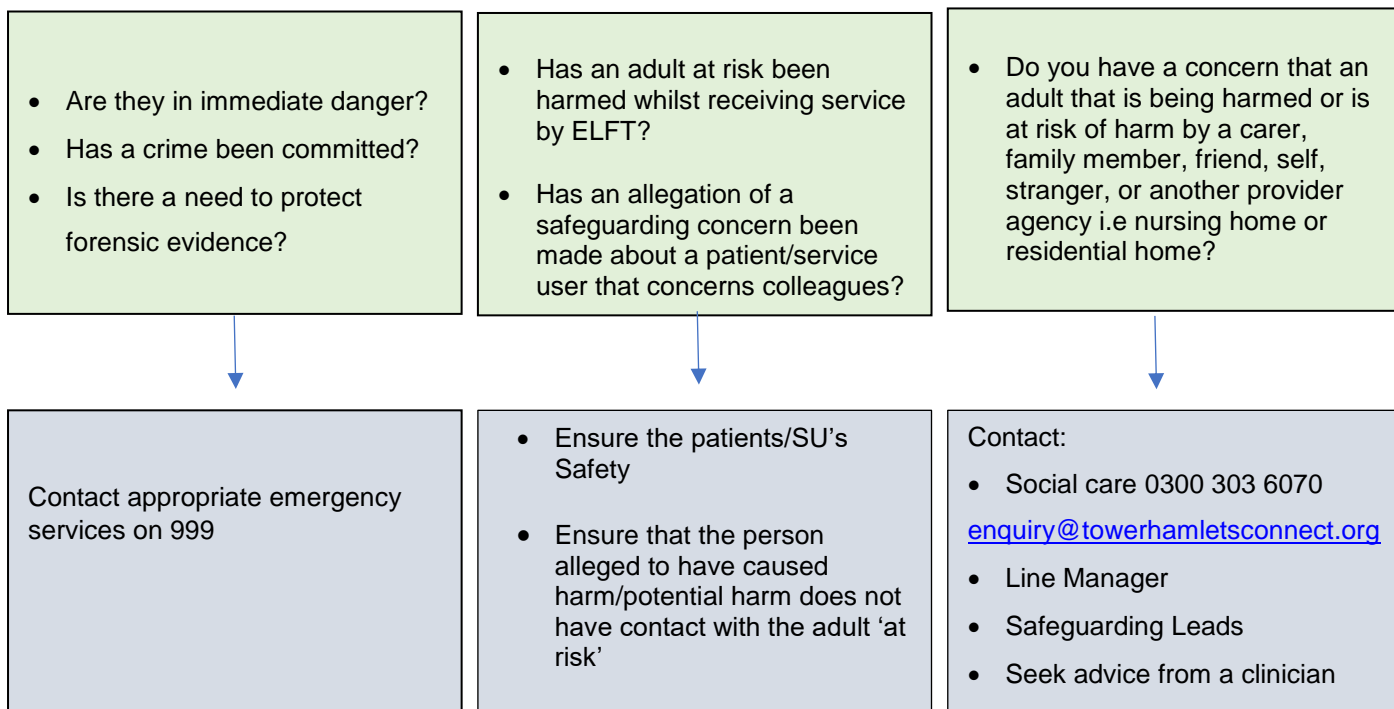
2023 NEL GP SG
Contacts July 23 v10.0



2023 NEL GP SG
Handbook July 23 v10.0

Is there a safeguard concern for an adult at risk of harm?

Referral process



- Contact SG Lead or senior colleague
- Refer to local SG team
- Inform Practice Manager
- Complete incident form
- Follow safeguarding policy

- Send written copy of concern to social services referral into records
- Inform line manager
- Inform Safeguard leads
- Log safeguarding concern on ELFT
- Add locally agree read codes

- Consider other options i.e CQC referral
- Discuss with Safeguard concerns in incident report
- Document appropriately

Continue to risk assess and monitor at regular intervals

Adult Safeguarding Referral Process



10 Important rules for information Governance

- Treat all personal confidential data carefully and follow “need to know” principles
- Use your own password when logging onto computers and only save information in secure locations that are provided
- Keep your smart card secure and don't lend it to anyone
- Lock your computer when it's not in use
- Always follow sending and transferring information securely procedures
- Keep your desk clear and secure ALL confidential information when you leave your desk
- Record and report ALL information related incidences
- Contact your Caldecott guardian of information and governance lead before sharing confidential data with external organisations where no sharing protocol exists
- Remember YOU are RESPONSIBLE for what you do!
- If in doubt, ask a senior lead or manager

For further information, contact your local Caldecott Guardian