

Safeguarding

Safeguarding is everybody's responsibility.

Guidance

1. Centres are expected to have a safeguarding policy and procedures in place to protect those who use their services. These policies should set out the actions to take where staff suspect that a person has been abused, neglected, or harmed in any way, including:
 - a. A statement of roles and responsibilities, authority and accountability sufficiently specific to ensure that all staff understand their role and limitations.
 - b. How to deal with allegations of abuse, including those for providing immediate protection in emergency situations, assessing abuse and deciding when intervention is appropriate and the arrangements for reporting suspicions to the police when necessary.
 - c. What to do in the event of a failure to take necessary action.
 - d. A list of points of referral indicating how to access support, advice and protection at all times, whether in normal working hours or outside them, with a comprehensive list of contact addresses and telephone numbers.
 - e. How to record allegations of abuse, any investigation and subsequent action.
 - f. A list of sources of expert advice.
 - g. A full description of channels of inter-agency communication, for example with local authorities, and procedures for decision making.
 - h. A list of all services which might offer victims access to support or redress.
2. Centres should update procedures annually or when relevant to incorporate any lessons learned or changes to legislation or practice guidance.
3. Centres should be aware of the minimum requirements for safeguarding training for their staff groups and should ensure staff receive suitable training, which should include:
 - a. Awareness that abuse can take place and the duty to report.
 - b. Recognition of abuse and responsibilities with respect to the procedures for reporting.
4. In cases where abuse, neglect or harm is suspected, confidential patient information may need to be disclosed in the best interests of the individual. The safeguarding policy should set out the principles governing the sharing of information. The principles can be summarised as:
 - a. Information should only be shared on a 'need to know' basis when it is in the best interests of the patient or donor.
 - b. Confidentiality and secrecy are two different things.
 - c. Informed consent to disclosure should be obtained but, if this is not possible, it may be necessary to disclose personal or sensitive personal information despite the existence of a duty of confidentiality or where legislation would ordinarily prohibit disclosure.
 - d. It is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse.

- e. Exchange or disclosure of personal information should be in accordance with the Data Protection Act 1998 where this applies. Note: Section 33A of the Human Fertilisation and Embryology Act 1990 (2) Subsection (1) does not apply where the disclosure (i) is made by a person who is satisfied that it is necessary to make the disclosure to avert an imminent danger to the health of an individual ("P").

Other legislation, professional guidelines and information

Department of Health (2000) No Secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse: <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

Responsible Officer and Appraiser Network (ROAN) information sheet 36: Intercollegiate document on safeguarding guidance, 2019 revision:

<https://www.england.nhs.uk/medical-revalidation/ro/info-docs/roan-information-sheets/intercollegiate-document-on-safeguarding-guidance/>

Last updated: 14 November 2022