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CLINICAL POLICY
Safeguarding Adults Policy

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Policy number	CLP101
Version:	V3.1
Purpose:	All staff have a duty to safeguard and promote the welfare of children, young people and adults at risk of abuse and/or neglect. This policy describes and the Trusts approach to safeguarding Adults.
Consultation:	Adult Safeguarding Team / Clinical Policy Consultation Distribution List
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Author / Reviewer:	Reviewed by: Jonathan Newman, Named Nurse Adult Safeguarding
Audience:	All staff within the Trust in Gloucestershire
Dissemination:	The policy will be published on the GHC intranet, and its update will be listed on the Clinical Policy update bulletin
Impact assessments:	This policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version history

Version	Date issued	Reason for change
V1	01/10/2019	Combined policy for GHC Trust authored by Alison Feher
V2	08/12/2022	Removal of Herefordshire references and updated Ann Thummler
V2.1	17/11/2023	Guidance from NHS England regarding Sexual Safety Charter September 2023

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V2.2	22/11/2024	Changes made to reflect new IUC service which may encounter people living and experiencing abuse or neglect outside Gloucestershire. Changes confirm that staff working for the service are covered by this policy and reflect the possible need to make referrals to other local authorities – updated by Paul Gray
V3	05/08/2026	This is a routine review which has resulted in updates to the safeguarding advice line contact form, inclusion of additional referral guidance. New guidance on safeguarding the security and dignity of deceased people and minor improvements to wording and fixing links where required – updated by Jonathan Newman
V3.1	22/09/2026	Amendments following NHS.Net migration limited to hyperlinks, email addresses and document references. No change to policy content.

Summary
Everyone has the right to live free from abuse and neglect. All staff have a duty to safeguard and promote the welfare of children, young people and adults at risk of abuse and/or neglect. This policy describes and supports the Trust's approach to safeguarding adults. It is informed by the Multi-agency Policy and Procedures for the Protection of Adults with Care and Support Needs in Gloucestershire (GSAB, 2024).

Safeguarding is core business for all staff in the Trust. Everyone must play their part in providing high-quality care and in raising concerns properly when they arise. Safeguarding is not just about reacting when things have gone wrong but is about preventing harm occurring. Large-scale reviews like the Francis Report 2013 and Winterbourne Hospital Review published in 2012 are significant examples of how service users and families can suffer when safeguarding matters are not addressed in care settings.

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Abbreviations

Abbreviation	*Full Description*
ASC	Adult Social Care
ADASS	Association of Directors of Adult Social Services
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
GCC	Gloucestershire County Council
GHC	Gloucestershire Health and Care NHS Foundation Trust
GSAB	Gloucestershire Safeguarding Adults Board
GSCP	Gloucestershire Safeguarding Children Partnership
HR	Human Resources
ICB	Integrated Care Board
LA	Local Authority
LGA	Local Government Association
MSP	Making Safeguarding Personal
RCN	Royal College of Nursing
SAB	Safeguarding Adult Board

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SAFEGUARDING ADULTS POLICY	
Action Card – Adult Safeguarding Concerns: Responding and Reporting	
For use by: All GHC staff	**Liaises with:** Safeguarding Team Safeguarding Advice Line Contact Form – Fill in form

Rationale: Safeguarding is everyone's business. If you have reasonable cause to suspect or know of the abuse/neglect or self-neglect for an adult with care and support needs:

Step 1

- Identify and manage any immediate risks to the adult or other adults at risk or to children including any need to call emergency services. Be clear on what the abuse is.
- Identify if a crime has been committed and if you need to report to the police.

Step 2

- Unless it is unsafe to do so, speak to the adult about your concerns and about any actions you are going to take.
- Establish if the person has capacity to consent to a safeguarding referral.
- If they lack capacity regarding the safeguarding referral, follow the Best Interests process.
- If they have capacity but decline a referral, discuss this with your line manager or the safeguarding team (Safeguarding Advice Line Contact Form – Fill in form).
- **If the risk of harm is high or imminent**, or **others are at risk, you can make a referral without consent.**
- Clearly document your rationale in the clinical notes.
- Regardless of mental capacity, always attempt to establish what the person's views and wishes are; what do they want to happen?

Step 3

- Complete the referral form Adult Social Care Safeguarding Adults Referral Form | New Adult Social Care Safeguarding Adults Referral Form – Gloucestershire Forms or call **Adult Helpdesk for adults 01452 426868** (complete form later and save copy to patient record). Please add the **GCC reference number of referral to the patient record**.
- For out of hours referrals by phone **EDT - 01452 614194** (complete the referral form later).
- Make any necessary safeguarding alerts for children at risk of harm Report a child protection concern | Gloucestershire County Council - **01452 426565**
- If the alleged abuse or neglect has taken place outside of Gloucestershire, please make a referral to the relevant local authority where the abuse or neglect took place.

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SAFEGUARDING ADULTS POLICY	
Action Card – Adult Safeguarding Concerns: Responding and Reporting	
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Step 4

SystmOne:

- Complete the new Safeguarding Adult Template.

RiO or other systems:

- Document in the adult's notes using the Adult Safeguarding Concern Proforma: Adult Safeguarding Concern Proforma - Interact (ghc.nhs.uk)
- Activate any safeguarding alerts on the patient electronic recording system in use.
- Notify GHC safeguarding team of the referral: ghc.safeguardingadviceline@nhs.net.
- Communicate with other parties involved as indicated (aim to do so with consent).
- If the abuse involves a person in a position of trust, follow the necessary guidelines Managing Allegations against Professionals who work with Children and Adults (Clinical Policy CLP152) - Interact (ghc.nhs.uk).
- Consider the need for advocacy for the adult.

Step 5

- Follow up your referral in 5 working days and document the decision. Consider the escalation process if you disagree with the decision: gsab-escalation-protocol-jan-2024.pdf

1. Introduction

Safeguarding responsibilities are enshrined in international law as well as national law. All health organisations are required to adhere to the legislation. The Care Act (2014) sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs who are at risk of, or are experiencing, abuse or neglect. NHS organisations have a duty to cooperate with the local authority under the Care Act (2014). Safeguarding is a multi-agency function, and staff must work in a collaborative way with service users, families, carers and agencies to best support and protect adults at risk.

This policy is founded on the principles that underpin the Care Act (2014); those of promoting wellbeing, always keeping adults who need safeguarding at the centre and making safeguarding personal to each individual.

Making Safeguarding Personal (MSP) is a culture of practice and seeks to promote choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process. 'No decision about me without me'.

These six key principles are to be reflected in all adult safeguarding work:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability.

All health organisations are required to adhere to the legislation and arrangements from the following:

The Care Act 2014
Care and Support Statutory Guidance (Section 14 Safeguarding)
Mental Capacity Act 2005
Mental Capacity (Amendment Act) 2019
Human Rights Act 1998
European Convention on Human Rights
The Crime and Disorder Act 1998
Female Genital Mutilation Act 2003
Sexual Offences Act 2003
Convention on the Rights of Persons with Disabilities 2006
Mental Health Act 2007
Children and Families Act 2014
UN Convention on the Rights of the Child (UNCRC) 1989
Modern Slavery Act 2015
Serious Crime Act 2015
Domestic Abuse Act 2021
Prevent Duty 2015

2. Purpose

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The purpose of this policy is to describe and facilitate high-quality adult safeguarding practice. This policy is to be read in conjunction with the multi-agency Safeguarding Adults Policy and Procedures for Gloucestershire. These multi-agency policies outline the specific steps staff should follow to identify, respond to and report an Adult Safeguarding Concern.

This policy also includes a recognition and need that staff must work to the principles and key lines of enquiry of the CQC Quality Standards Framework.

- Safe
- Effective
- Caring
- Responsive
- Well-led.

3. Scope

This policy applies to all staff within the Trust in Gloucestershire including those from subcontracted services (who for the purposes of this policy will be included in any reference to staff), all of whom have a duty to abide by and promote the use of this policy. An adult is someone who is aged 18 years or over.

4. Definitions

Staff: For the purposes of this policy, the term “staff” refers to the roles, groups, and individuals identified within the Scope section of this document. This may include employees, bank and agency workers, contracted workers and learners and students on placement. Where learners are included in scope, this may cover Nursing (Adult, Mental Health and Learning Disability) Students, Paramedic Science Students, Allied Health Professional Students, Student Nursing Associates, T Level learners, work experience participants, and individuals returning to practice.

5. Duties

General roles, responsibilities and accountability

GHC are to ensure that:

- People who use our services are safe from avoidable harm and are supported to maintain their independence and to be actively involved in, and make informed decisions about, their care and treatment.
- All staff have access to current, evidence-based policy documents.
- Appropriate training and updates are provided to support staff in their roles.
- Staff have access to equipment that meets safety standards and maintenance requirements.

Managers and heads of service are to ensure that they:

- Take appropriate steps to make staff aware of, and able to access relevant policy documents.
- Support staff to access training and development appropriate to their roles.
- Ensure staff are offered the opportunity to participate in the appraisal process, including review of competencies.

Employees (including bank, agency, and locum staff) are to ensure that they:

- Practise within their level of competency and the scope of their professional body (where applicable).
- Take appropriate steps to familiarise themselves with and comply with relevant GHC policies and procedural documents applicable to their role.
- Identify areas where training or skills updates may be required.
- Participate in the appraisal process.
- Ensure that all care and consent comply with the Mental Capacity Act (2005), see section on MCA Compliance below.

Students, trainees and the learner workforce are to ensure that they:

- Practise within their level of competency and in line with programme outcomes, curriculum requirements and professional standards.
- Take appropriate steps to familiarise themselves with and comply with relevant GHC policies and procedural documents applicable to their role.
- Seek guidance from Practice Educators / Assessors / Supervisors to ensure policy requirements are met.
- Participate in required learner reviews or tripartite meetings.

Roles and Responsibilities Specific to this Policy

All staff are expected to adhere to this policy and must be familiar with referral procedures for the protection of adults at risk. All staff must be aware of how to identify, raise and escalate safeguarding concerns directly or to report accordingly to their line manager.

The Head of Safeguarding and Named Leads will be responsible for ensuring that the organisation operates this policy and for reporting allegations against a person in a position of trust to the Local Authority.

Line managers have responsibility for ensuring their staff are up to date with mandatory safeguarding training at the required level for their role and meet requirements for supervision as per Trust policy.

Managers of mental health services working with adults of working age in the community should attend level 4 safeguarding adults training in order to support their teams to undertake enquiries as directed by the Local Authority under the Care Act (2014).

Oversight from the Local Authority (Gloucestershire County Council (GCC)) extends across safeguarding activity within all agencies and organisations in Gloucestershire. The Local Authority, under the Care Act, can cause a safeguarding enquiry to be made by another organisation and challenge that organisation if they believe the outcome is unsatisfactory.

Gloucestershire Safeguarding Adult Board (GSAB) has responsibility for ensuring that local safeguarding arrangements and partners act to protect adults at risk (section 43 Care Act (2014) requires each local authority to have a Safeguarding Adults Board (SAB)). The members of an SAB are the local authority which established it, an Integrated Care Board (ICB), the whole or part of whose area is in the local authority's area, the chief officer of police for a police area the whole or part of which is in the local authority's area.

6. Mental Capacity Act (MCA) Compliance

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Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person is able to consent to the care, treatment or accommodation that is proposed. (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) Mental Capacity Act 2005 (legislation.gov.uk).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment on the GHC Trust approved MCA forms. These are available as templates on clinical record systems and on the GHC intranet.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 Mental Capacity Act 2005 (legislation.gov.uk). Evidence of Best Interests decision making must be provided on the GHC Trust approved forms. These are available as templates on clinical record systems and on the GHC intranet.
- Where a person is admitted to hospital for the treatment of a physical health condition and is assessed as being unable to consent to admission, care or treatment, an application for an Urgent DOLS Authorisation must be submitted to the Local Authority. This applies in all cases where the person lacks capacity, regardless of their compliance with or objection to their admission. Establish if there is an attorney under a relevant and registered Lasting Power of Attorney (LPA) or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) Office of the Public Guardian - GOV.UK (www.gov.uk).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the person's best interests by other people. To be legally binding the person must have been over 18 when the Advance Decision was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.

7. Policy Detail

The Care Act (2014) (s.42) (1) defines an adult at risk of abuse or neglect if the following applies:

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect, or the risk of it.

"Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. Care and support includes assessment of needs, provision of services, and the allocation of funds to enable the person to purchase their own care and support" (Multi-agency Policy and Procedures for the Protection of Adults with Care and Support Needs in Gloucestershire (GSAB, 2024)).

7.1 Safeguarding ‘S’ and safeguarding ‘s’

The word ‘safeguarding’ can be interpreted in different ways, and this can create some confusion. ‘Safeguarding’ can mean two things: a formal safeguarding response under section 42 of the Care Act, or a general response to keep someone safe and to ensure their needs are met.

These two types of safeguarding are sometimes referred to as Safeguarding with a capital ‘S’ to identify the formal safeguarding response and safeguarding with a small ‘s’ to identify the more general response to keep someone safe.

A safeguarding enquiry under section 42 of the Care Act would be triggered if the Local Authority is made aware that an adult:

- has care and support needs
- has experienced or is at risk of abuse or neglect and
- as a result of their care and support needs, they are unable to protect themselves.

In the past, this has been described as ‘adult protection’ and may be referred to as ‘formal safeguarding’. If these criteria are met, the local authority will involve partners from other agencies and make (or cause to be made) whatever enquiries are necessary, deciding whether action is necessary and if so what and by whom.

Many people with physical or mental health problems who have care and support needs live in complex circumstances and can be very vulnerable. These people may need support to keep safe, to manage the risks of day-to-day life and may need coordinated responses from a variety of health, social care, housing or other professionals. However, they are not necessarily experiencing abuse or neglect so will need a coordinated response to keep them safe, but not a formal Section 42 enquiry i.e. **s**afeguarding, not **S**afeguarding.

7.2 Abuse

‘Abuse is a violation of an individual’s human and civil rights by any other person or persons…the circumstances in which harm and exploitation occur is known to be extremely diverse as is the membership of the at-risk group.’ (No Secrets, 2000).

‘It may be a single act or repeated acts; an act of negligence or a failure to act and may be multiple acts’ (e.g. an adult at risk may be financially and physically abused). (No Secrets, 2000).

7.3 Who may abuse

‘Adults (at risk of abuse or neglect) may be abused by a wide range of people, for example: relatives, family members, professional staff, paid care workers, volunteers, other service users, people who deliberately exploit vulnerable people and strangers.’ Children may also be abusers. It is important for all members of the Trust to be aware that anyone may commit abuse or neglect.

7.4 Forms of abuse

Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act (2014) Statutory Guidance identifies the following types of abuse or neglect:

- Physical abuse;
- Domestic abuse;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect.

Further detail on types of abuse can be found here: gloucestershire-adult-safeguarding-pp-final-v30-dec-24.pdf

7.5 When to raise a Safeguarding concern

An adult safeguarding concern describes the process whereby someone seeks to protect an adult or adults when the adult:

- has needs for care and support,
- is experiencing, or is at risk of, abuse or neglect (including self-neglect) and
- as a result of those care and support needs, is unable to protect themselves against the abuse or neglect or risk of it.

Staff should respond to and report concerns when:

- An abusive act is witnessed
- An adult makes a disclosure
- There is a third-party disclosure
- Suspicion or concern (reasonable cause to suspect that) there is abuse or neglect
- A complaint or concern is raised by the adult, or by a third party, whereby they have not recognised abuse or neglect (e.g. description of domestic abuse).

A 'When to Raise a Safeguarding Concern Decision-Making Support Tool' has been produced to help practitioners decide whether it is appropriate to raise a safeguarding concern. Please make sure you access and review this decision-making tool before making your referral.

Gloucestershire Safeguarding Adults – When to Raise a Safeguarding Concern Decision-Making Support Tool

The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) have produced guidance on when to raise an adult safeguarding concern.

This framework supports consistent and appropriate decision-making by providing a shared understanding of what should be referred through safeguarding processes, and when other actions may be more appropriate: Understanding what constitutes a safeguarding concern and how to support effective outcomes.

7.6 Steps to take

- Do not agree to keep any disclosures secret
- Give reassurance that you will act accordingly

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- Take any immediate measures to prevent harm
- Is anyone else at risk, including any children?
- If the person is in immediate danger call the police or ambulance. Report the matter to your line manager or supervisor as soon as possible.
- If a crime has been committed – do you need to involve the police?
- Be honest about how you will use the information unless doing so will increase the risk.
- Consider mental capacity of the adult at risk to understand the safeguarding concern and process.
- Ask what they would like to happen, what are their views and wishes?
- Does the person want anyone else involved? (family, carer, friend, providing this is safe)
- Be professionally curious to be clear about the abuse or neglect but not leading.
- Do not confront any alleged abusers.
- Contact the Trust's Safeguarding Team for further discussion if needed: Safeguarding Advice Line Contact Form – Fill in form
- If an allegation is against a member of staff the Managing Allegations Policy should be followed, this includes any historical allegations Managing Allegations against Professionals who work with Children and Adults (Clinical Policy CLP152) - Interact (ghc.nhs.uk)
- Raise a concern to the Local Authority Safeguarding Team. See 7.12 for detail.
- Write an account of what you have been told or seen. Document in the service users' health and social care record in accordance with correct recording procedures. Use the proforma in Appendix 3 to document a safeguarding concern in the contemporaneous notes.
- Ensure the service user's risk summary or risk assessment is up to date and reflects the abuse/risks they are subject to.
- Consideration should be given to those who may have communication difficulties, for example: learning disabilities, speech and language or hearing difficulties. Reasonable adjustments should be made to support the safeguarding process.
- Does the person need an advocate?
- Email the Trust safeguarding team: ghc.safeguarding.notifications@nhs.net with the following details (this is for data collection and will not prompt a response):
    - Client/Patient Name
    - Date of Birth
    - NHS Number
    - Date of Referral.

7.7 Preservation of evidence

In cases where there is thought to be physical evidence of a crime, or the act has been witnessed (for example: physical or sexual assault), where possible, leave the environment and items within untouched. This includes not making any efforts to clean or rearrange the scene. Avoid washing anything or throwing any items away. Ideally the victim should be advised not to wash themselves or their clothes or change clothes at this point. Try to keep the environment free from other people or note who is in the environment. The Trust Security Management Team should be contacted for immediate advice regarding the preservation of evidence, and they will liaise with the police who can offer further advice.

Where sexual assault or rape is known or suspected, a referral should be offered or made to SARC: Hope House SARC Gloucestershire Health and Care Services NHS Foundation Trust.

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Photographs should be taken only when absolutely necessary, for example, when vital evidence of a crime may be lost. They should be taken and saved on a work device, and it should be noted that photographs have been taken on the Datix report.

The Trust Security Management Team should be informed that the photographs have been taken, and they should be disclosed to the police if and when requested.

7.8 Reporting without consent

If there is an overriding public interest or gaining consent would put the adult at further risk of harm, the concern can be reported without the person's consent where:

- There is a risk to other 'adults at risk' or children.
- The concern is about organisational or systemic abuse.
- The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk.
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.
- The adult lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the person's 'best interests' (Mental Capacity Act 2005).
- An adult is subject to coercion or undue influence, to the extent that they are unable to give consent.
- It is in the adult's vital interests (to prevent serious harm or distress or life-threatening situations).
- Prevention of a crime or commitment of a crime.

7.9 Families and Carers

Carers, families and sometimes friends can have an important role to play in safeguarding. There may be a key person who is able to act as an advocate for the adult at risk. They may have a central role in supporting the person in the safeguarding process and in gaining the adult's views and wishes. They may also be an important source of information about the adult and may be the person who knows them best.

Where possible and where safe to do so, families, carers or friends should be involved in the safeguarding process unless the adult has expressly declined for this to be the case. Carers should be offered access to a Carers Assessment.

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7.10 Advocacy

Local authorities must arrange an independent advocate for any person, who would experience substantial difficulty in being involved in their care and support assessment, care planning or review or safeguarding enquiry and review, and there is no appropriate person (no carer, family member or friend) to support their involvement and represent them. Advocacy under the Care Act has a focus on supporting the person to be involved in the care and support 'process'. It means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests, and obtain the care and support they need, *regardless of the setting*.

Guidelines on the use of Advocacy (CLG150) - Interact (ghc.nhs.uk)

7.11 Long-term segregation

In mental health inpatient settings, if extended use of an Extra Care Area is required beyond 72 hours a review should take place with regard to the criteria for the Mental Health Act Code of Practice for “long-term segregation”.

The Local Authority Head of Safeguarding should be notified, SafeguardingAdultsServices@gloucestershire.gov.uk and the Trust Head of Safeguarding and Named Lead for Safeguarding Adults should be informed.

Notification should include the details of the person subject to the arrangements, a brief outline of why segregation is being used and what arrangements are in place to safeguard the adult, including access to independent advocacy.

Updates should be provided every seven days and when segregation ends.

De-escalation Suite or Extra Care Area (ECA) - CLP225 - (Mental Health Specific) - Interact (ghc.nhs.uk)

7.12 How to report a concern with the Local Authority Safeguarding Team

Fill in the online referral form which can be found here: Welcome to Gloucestershire County Council Social Care Professional Portal. If the abuse or neglect took place in a different county, please make a referral to the relevant local authority. Please undertake an internet search for ‘[county] adult safeguarding’ for details of how to make a referral.

You will need to:

- State whether the person has care and support needs
- Identify the type of abuse(s) and outline the concern
- Give a rationale as to why they cannot protect themselves
- Comment on whether the person has given consent for the referral and whether they have capacity to do so
- If you are reporting without consent, explain why
- What you might have already done to mitigate the risk
- Who else might be involved (personal or professional)
- Making Safeguarding Personal – what are the person’s views and wishes, what do they want to happen?

The Adult Social Care (ASC) helpdesk can be contacted to report a concern on 01452 426868 during the hours of 9am to 5pm. This is a generic line to ASC who will take details of the concern and may pass it to the Local Authority Safeguarding Team. The online form will still need to be completed. Referrals will be triaged and a decision made on how to proceed.

Where you have an urgent Safeguarding concern out of hours, you should contact the Emergency Duty Team (EDT) on 01452 614194. Again, the online referral form will still need to be completed as soon as possible afterwards.

Timescales in adult safeguarding are indicative only. You should hear back about your referral within five working days. If you do not hear back, contact the adult social care helpdesk to request a decision. If the referrer disagrees with the decision made by the Local Authority, the

escalation policy can be followed: gsab-escalation-protocol-jan-2024.pdf. The Trust safeguarding team can support with advice and guidance on escalations: Safeguarding Advice Line Contact Form – Fill in form

Call 999 if there is an emergency or 101 for non-urgent police matters or to report a crime in progress or that a crime has taken place.

7.13 Recording

Record keeping is an essential part of accountability. If records are inaccurate or incomplete, future decisions may be fatally flawed.

When identifying or logging a safeguarding concern with the Local Authority, evidence of this must be documented immediately and appropriately in the service user's Health and Social Care Record using the proforma in Appendix 3:

- Type of abuse or neglect and describe the concern.
- Capacity to consent to a safeguarding referral?
- Advocacy considered?
- Making Safeguarding Personal / what is the adult's view and their wishes?
- Has a crime been committed?
- Risks to self and from others.
- Is anyone else at risk?

Do you need to seek supervision or ask for advice from the GHC safeguarding advice line: Safeguarding Advice Line Contact Form – Fill in form

- Action taken to reduce risks.
- Support plan and follow up.
- Reference number of the referral.

SystmOne - Complete the new Safeguarding Adult Template. The chronology is to be ticked to reflect that there is a current adult safeguarding concern.

RiO - Document in the adult's notes using the Adult Safeguarding Concern Proforma: Adult Safeguarding Concern Proforma. The adult safeguarding form should be completed and risk assessment updated.

IAPTus - should have the adult safeguarding concern label applied.

Lilie – the safeguarding concern should be activated on the caution register and any relevant codes added.

Systems for Dentists - Adult Safeguarding Treatment Completion Screen (TCS) should be completed and if a referral is made to the Safeguarding Team, a copy of this should be uploaded into 'correspondence'. Details of any concerns and subsequent conversations can be recorded in a second safeguarding TCS. The social tab should have a record of personal and professional people involved with the person.

MODUS - Adult safeguarding referral should be uploaded in 'embedded files' and detail of any

concerns and subsequent conversations recorded in the patient's clinical record. The person's front page should be updated with relevant alerts and risk information.

Activate any safeguarding alerts on the patient electronic recording system in use. Alerts should be closed when the concern is no longer active.

All systems should have a copy of the referral form uploaded to the service user's record and a corresponding entry in the contemporaneous notes as above.

Members of the household should be recorded in the relevant sections of the patient record (Household form RiO, clinical contacts IAPTus and groups and relationships SystmOne).

Separate guidance on how to record this is available in the Safeguarding action card on page 4 of this Policy: Safeguarding Adults Action Card.

Please see Appendix 1 for safeguarding process map.

7.14 Section 42 (Care Act 2014) enquiries

Section 42 of the Care Act gives Local Authorities the primary duty to make, or cause to be made, whatever enquiries are necessary to enable the Local Authority to decide whether any action should be taken in the adult's case, and if so, what and by whom.

Under section 7 of the Care Act, relevant partners have a duty to cooperate with such requests and only under certain circumstances can decline in writing to fulfil their duty.

If a safeguarding concern is raised with the local authority that does not meet the criteria under the Care Act for a statutory enquiry under section 42, the Local Authority can make a non-statutory enquiry at their discretion.

When GHC has been caused to make the enquiry, the relevant person will be sent a provider form to complete from the Local Authority Safeguarding Team. This must be completed and returned within 28 days; unless it has been agreed otherwise. (see Appendix 4 for copy of the provider form). The Trust safeguarding team can support on how to action the recommendations: Safeguarding Advice Line Contact Form – Fill in form.

7.15 Service provider investigations

Whole service provider investigations (for example: care homes, health establishments and domiciliary care agencies) can be complex and require much coordination and planning. The Local Authority Safeguarding Adult Team will lead on these investigations and liaise closely with the Care Quality Commission (CQC) if the service is registered with CQC under the Health and Social Care Act 2012. If you have concerns about a provider, you can share these with the Local Authority via ascquality@gloucestershire.gov.uk (older persons' services) or disabilityquality@gloucestershire.gov.uk (disability services).

7.16 Safeguarding meetings

These are explained in the 'Adult Safeguarding: Multi-agency policy and procedures for the protection of adults with care and support needs' in the Gloucestershire Safeguarding Adults

Policy and Procedures. The adult at risk should as far as possible be involved in the meeting. Advocates, family, carers or friends should be invited accordingly (provided it is safe to do so and the adult does not object). Any information submitted for the meeting should be in a form and using language that the person can understand.

A safeguarding meeting can take the form of:

- Safeguarding Adults Strategy Meeting
- Safeguarding Adults Planning Meeting
- Safeguarding Adults Review Meeting.

The Local Authority Safeguarding Adult Team may coordinate and chair a safeguarding meeting if any of the following conditions apply.

- It involves a registered service that is of a safeguarding concern to the Care Quality Commission (CQC will only attend the meeting if certain criteria are met)
- It relates to two or more service users in a registered service
- It concerns organisational abuse
- There is reason to believe that a serious crime has been committed
- There have been episodes of multiple abuses
- Incidents are increasing in intensity and/or severity
- The behaviour is persistent and deliberate
- The safeguarding concern involves out of county placements in Gloucestershire
- There is interest from the media
- An ASC locality manager feels that an independent chair would be helpful.

Alternatively, the ASC locality manager may chair meetings under Section 42.

7.17 GHC chairing meetings

If the service user is open to mental health services for adults of working age (18 to 65 years) safeguarding meetings will normally be chaired by a locality Trust operational manager with support from the locality Social Care Specialist. Training is available for chairing strategy meetings (Level 4) and for minute taking.

The service user and all relevant parties should be invited. The service user's advocate or person of their choice (as long as the person is not part of any concern) should be present. If the service user does not want to attend, their views should be sought and represented. The service user must be kept central and informed. It is the responsibility of the locality team to ensure that a minute taker has been organised for all safeguarding meetings. The minutes should always be sent to the chair before distribution.

A Word document proforma is available for each type of meeting and must be used to record the minutes. This is available from the relevant Local Authority County Council on the Safeguarding website: Minute Taking Guidance.doc

All documents should be uploaded onto the Trust electronic healthcare record system.

If using RiO, outcomes of these meetings should also be recorded in the appropriate Safeguarding Adult form. Further guidance can be found on the Safeguarding Adults Action Card on Page 4 of this policy.

Advice can be obtained from the Local Authority Safeguarding Team about how to plan for the meeting.

A Safeguarding Specialist Practitioner from the Local Authority in Gloucestershire may also attend safeguarding meetings to offer specialist safeguarding advice and information in the following circumstances:

Where there is serious exposure to risk of:

- Death
- Serious physical injury or illness
- Serious deterioration in physical or mental health
- Serious emotional distress
- A life-changing decision
- More than one person who may be at risk
- Two or more concerns have been logged about the same person/setting.

7.18 Safeguarding the security and dignity of deceased people

Whilst statutory adult safeguarding duties apply to living adults in accordance with the Care Act (2014), the Trust recognises its wider responsibility to ensure the dignity, security, respectful treatment and protection of deceased people. In line with learning from the Independent Inquiry into the issues raised by the David Fuller case and NHS safeguarding assurance requirements, the Trust will maintain appropriate governance, oversight, reporting and assurance arrangements to identify, prevent and respond to concerns relating to the care, handling and security of deceased people, including circumstances where criminal offences, abuse, misconduct or breaches of professional standards are suspected.

7.19 Notification to other partners

There are certain agencies and individuals that should always be notified of concerns, and be involved where appropriate, in the following circumstances (from GSAB Multi-agency Policy and Procedure 2024).

Where it is suspected that a crime has been or might be committed	• Police
Where quality and safety concerns arise about a service registered under the Health and Social Care Act 2008	• Care Quality Commission • Local Authority Contract and Commissioning service. • Local Clinical Commissioning Group if there is a health funded contract
Where quality and safety concerns arise about an NHS service or an independent hospital	• Care Quality Commission • Local Authority Contract and Commissioning service. • Local Clinical Commissioning Group if there is a health funded contract
Where disciplinary issues are involved	• Manager of relevant agency
Where there has been a sudden or suspicious death	• The local Coroner's office
Concern occurred in a health / social care setting, and involved unsafe equipment or	• Health and Safety Executive (HSE)

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8. Process for Monitoring Compliance

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES. Trust, local arrangements through the GSAB and National legislation

Monitoring Requirements and Methodology	Frequency	Further Actions
The Trust safeguarding team will conduct an annual audit to assess compliance with this policy and safeguarding practices.	Annually	Reported to Safeguarding Group and Quality Assurance Group. Action plan formulated from the audit results to target areas for improvement.
Annual Safeguarding Report	Annually	Reported to Quality Assurance Group and Trust Board with assurances, concerns and recommendations.
The Trust Safeguarding Group provides assurance to the Quality Committee and Board that GHC is taking all necessary action to identify and respond to areas of activity that require support in relation to safeguarding or areas which impact upon delivery of care.	Bi-monthly	Services are held to account to ensure that their activities are commensurate with the safeguarding principles set out by Gloucestershire Safeguarding Adult Board

9. Incident and Near Miss Reporting and Regulation 20 Duty Of Candour Requirements

To support monitoring and learning from harm, staff should utilise the Trust's incident reporting system, Datix. For further guidance, staff and managers should reference the Incident Reporting Policy. For moderate and severe harm, or deaths, related to patient safety incidents, Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the Duty of Candour Policy and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

10. Training

Safeguarding training is mandatory for all Trust staff. The level of training will depend on role and is specified in individual training profiles. Line managers have responsibility for ensuring staff are trained to the necessary level and are up to date with mandatory training.

The training requirements are based on guidance outlined in 'Adult Safeguarding: Roles and Competencies for Healthcare Staff' (2018). Training needs should be reflected on individual profiles on Care to Learn and addressed in the annual appraisal process.

Level 1 (Universal): All staff including non-clinical managers and staff working in healthcare settings.
All staff will complete Safeguarding Children and Adults as part of the Corporate Induction programme.

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Level 2 (Targeted): Safeguarding Adults and Children (minimum level required for non-clinical staff who have some degree of contact with children and young people and/or their parents/carers).
It is mandatory for all clinical staff to attend level 2 training. If not undertaking level 3 adult or children safeguarding training, this needs to be updated every three years.

Level 3 (Specialist Multi-Agency): Safeguarding Adults
This is mandatory for registered healthcare staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns. This extends across physical and mental health services and includes health visitors in Children and Young People Service (CYPS). This needs to be updated every three years.

Level 4 Specialist Strategic Safeguarding Adults
Level 4 adults safeguarding training is specialist training for staff having responsibility to investigate under Section 42 of the Care Act (2014). This is mandatory for Team Managers in mental health working-age adult teams, Social Workers Band 6 and above, Social Care Specialists, Social Care Lead, Community Service Managers, Modern Matrons, Named Doctor for Safeguarding Adults, Named Lead for Safeguarding Adults and Head of Safeguarding.

Level 5 Designated professionals.
This applies to designated doctors and nurses, consultant/lead nurses for Safeguarding (Strategic).

11. Safe Recruitment

Any required pre-employment checks are determined and carried out by the Trust HR department. The Trust Recruitment and Selection policy details the processes for pre-employment checks and timescales for subsequent checks. Recruitment Policy - Interact

All employees have a contractual obligation to disclose any criminal convictions, cautions, reprimands and warnings that are subsequently acquired during their employment. An annual declaration process is also in place via the Trust's appraisal process.

When an allegation has been made of abuse or neglect against a member of staff and both of the conditions noted below have been met, a referral to DBS must be made by the Trust Head of Safeguarding. This should be done after investigations and disciplinary processes are completed. This applies even if the person is no longer employed by the Trust or there has been a time lapse between the allegation and completion of processes.

Condition 1

- Permission has been withdrawn for a person to engage in regulated activity with children and/or vulnerable adults (also known as adults at risk). Or the person has been moved to another area of work that isn't regulated activity.

This includes situations when the above action would have been taken, but the person was re-deployed, resigned, retired, or left.

Condition 2

When the Trust thinks the person has carried out one of the following:

- Engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk of harm, or;
- satisfied the harm test in relation to children and/or vulnerable adults, for example: there has been no relevant conduct but a risk of harm to a child or vulnerable adult still exists, or;
- been cautioned or convicted of a relevant (automatic barring either with or without the right to make representations) offence.

12. References

Care Act (2014) Available at: *Care Act 2014 (legislation.gov.uk)*

Care Act (2014) Care and Support Statutory Guidance Available at: *Care and support statutory guidance - GOV.UK*

Department of Health (2000) No Secrets: Guidance on Developing and implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse. Available at: *No Secrets: guidance on protecting vulnerable adults in care - GOV.UK (www.gov.uk)*

Department of Health (2013) Transforming care: a national response to Winterbourne View hospital. Available at: Winterbourne View Hospital: Department of Health review and response - GOV.UK (www.gov.uk)

Francis. R (2013) The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Available at: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK (www.gov.uk)

Fuller Inquiry (2025) Available at: David Fuller inquiry - GOV.UK

Gloucestershire Adults Safeguarding Board (GSAB) (2024) Adult Safeguarding: Multi-agency Policy and Procedure for the Protection of Adults with Care and Support Needs in Gloucestershire. Available at: gloucestershire-adult-safeguarding-pp-final-v30-dec-24.pdf

Gloucestershire Adults Safeguarding Board (GSAB) When to Raise a Safeguarding Concern Decision-Making Support Tool. Available at: Gloucestershire Safeguarding Adults – When to Raise a Safeguarding Concern Decision-Making Support Tool

Mental Capacity Act (2005) Available at: *Mental Capacity Act 2005 (legislation.gov.uk)*

NHS England (2026) Safeguarding children, young people and adults at risk in the NHS. Safeguarding Accountability & Assurance Framework (fifth edition). Available at: NHS England » Safeguarding children, young people and adults at risk in the NHS

Royal College of Nursing (RCN) (updated 2024) Adult Safeguarding: Roles and Competencies for Health Care Staff. Available at: https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2024/July/011-256.pdf

Sexual Offences Act (2003) Available at: Sexual Offences Act 2003

The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) (2021) Understanding what constitutes a safeguarding concern and how to

support effective outcomes, Available at: Understanding what constitutes a safeguarding concern and how to support effective outcomes.

13. Associated Documents

- GHC Safeguarding Children Policy (CLP071)
- GHC Domestic Abuse Policy (CLP102)
- GHC Disciplinary Policy
- GHC Diversity and Inclusion Policy (010)
- GHC Duty of Candour Policy (CGP004)
- GHC Health Records and Clinical Record Keeping Policy (CLP005)
- GHC Clinical Supervision Policy (CLP116)
- GHC Relationship and Professional Boundaries Policy
- GHC Managing Allegations against Professionals who work with Children and Adults Policy (CLP152)
- Multi-Agency Public Protection Arrangements (MAPPA) Policy (CLP162)
- GHC Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Policy (CLP179)
- GHC Prevent Policy (CLP211)
- GHC Safety Assessment in Mental Health and Learning Disability Clinical Practice Policy (CLP249)
- GHC Guidelines on the Use of Advocacy (CLG150)
- GHC Freedom to Speak Up Policy
- GHC Sexual Safety Policy (CLP154)
- NHS England » Sexual safety in healthcare – organisational charter
- GHC Lone Working Policy (HS&S-06)

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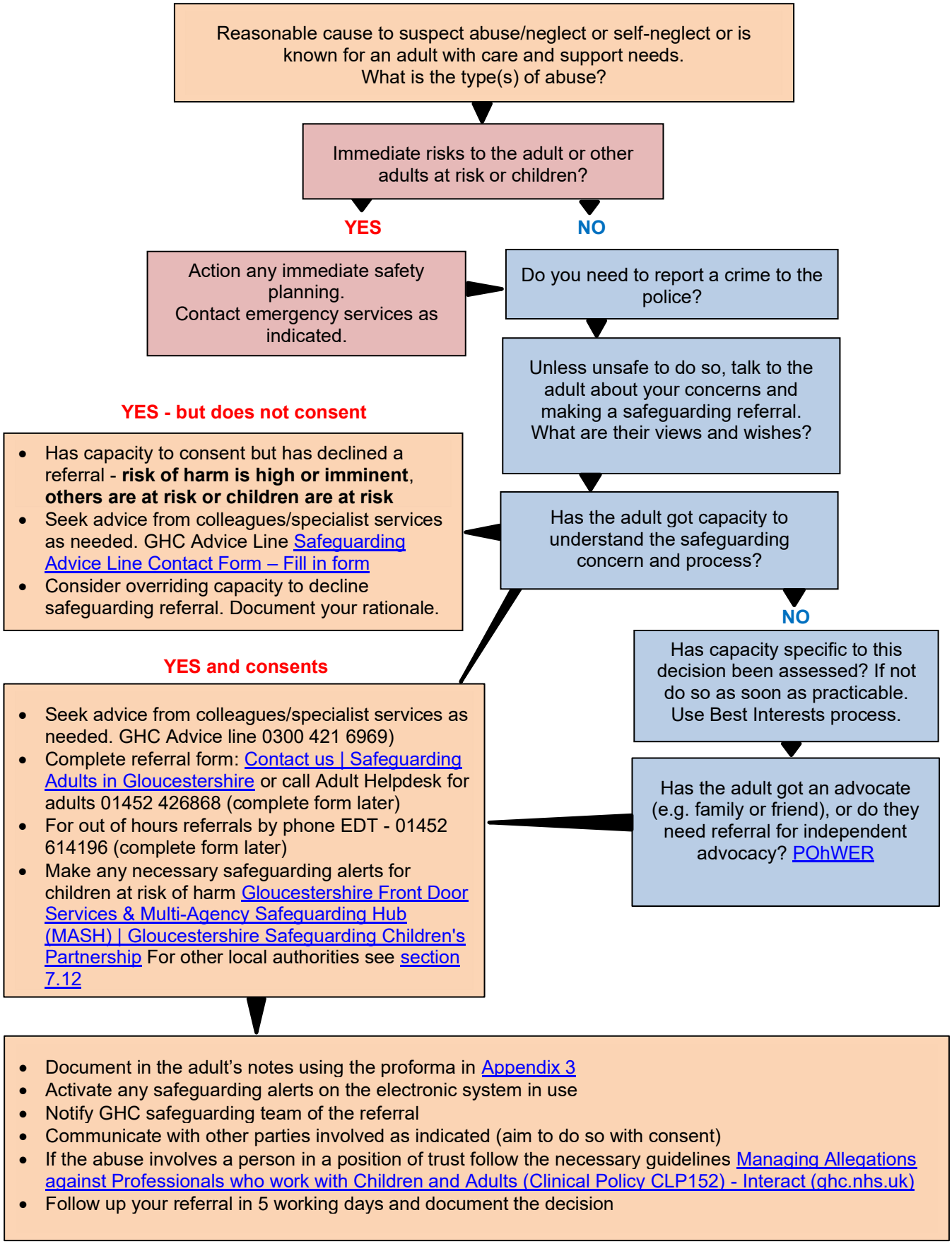
Appendix 1 - Adult Safeguarding Concerns: Responding and Reporting



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Appendix 2 - Gloucestershire Contact Details

Gloucestershire County Council (Adult Help Desk) **01452 426868**
email socialserviceseng@gloucestershire.gov.uk

Gloucestershire County Council (Children's Help Desk) **01452 426565**
childrenshelpdesk@gloucestershire.gov.uk

Gloucestershire Domestic Abuse Support Service (GDASS) **01452 726570**
support@gdass.org.uk

Gloucestershire Domestic Abuse Support Service | GDASS
https://www.gdass.org.uk/

POhWER Advocacy **0300 003 1162**
glosadvocacy@pohwer.net https://www.pohwer.net/Gloucestershire

Gloucestershire Fire and Rescue Service Community Safety Team **01452 888777**
Email: fire@glosfire.gov.uk

Gloucestershire Police **101**
www.gloucestershire.police.uk

Gloucestershire Trading Standards **01452 887667**
tradingstandards@gloucestershire.gov.uk

Victim Support **01452 317444**
www.victimsupport.org.uk

NHS **111**

Gloucestershire Community PALS (Patient Advice And Liaison Service) **0800 015 1548**
glccg.pals@nhs.net https://www.gloucestershireccg.nhs.uk/about-you/complaints-compliments-concerns/

Gloucestershire Rape and Sexual Abuse Centre **01452 526770** Gloucestershire Rape and Sexual Abuse Centre (glosrasac.org)

Healthwatch Gloucestershire **0800 652 5193** or **01452 504989**
info@healthwatchgloucestershire.co.uk www.healthwatchgloucestershire.co.uk

Age UK (formerly Age Concern and Help the Aged) **01452 422660**

Alzheimer's Society **01452 525222**

Silver Line **020 7224 2020**

Benefit Enquiry Line **0800 882200**

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Citizens Advice Bureau **01453 762084**

Cross Roads Caring for Carers: Forest of Dean - **01594 823414** Cheltenham and Tewkesbury, Stroud and Gloucester - **01452 302542**

Dementia Care Trust **01452 550066**

Appendix 3 - Adult Safeguarding Concern (Adults with Care and Support Needs). Proforma for Documenting in Contemporaneous Notes

1. **Type of abuse or neglect and describe the concern.**

2. **Capacity to consent to a safeguarding referral?**
   (If no – has this been formally assessed? If you have you reason to believe the person lacks capacity but have not assessed, do so as soon as practicable and follow up with Best Interests form. If no consent - why not e.g. have you overridden this on basis of risk - explain?).

3. **Advocacy considered?**
   (LPA/IMCA/IMHA/family or friends– already in place or needs a referral)

4. **Making Safeguarding Personal**
   (Keeping the person central to safeguarding, their views and wishes sought and documented)

5. **Has a crime been committed**?
   (Do you need/have to report to police?)

6. **Risks to self and from others**.
   (Consider any immediate risks)

7. **Is anyone else at risk**?

8. **Do you need to seek supervision or ask for advice from GHC safeguarding advice line?** (Safeguarding Advice Line Contact Form – Fill in form

9. **Action taken to reduce risks**.

10. **Support plan and follow up.**

11. **Reference number of referral** *(save copy to patient record)*

RiO – have you opened an Adult Safeguarding Form?

SystmOne - Complete the new Safeguarding Adult Template, have you ticked the chronology for Adult Safeguarding Concern?

Lilie - have you actioned the caution register – safeguarding concern?

Appendix 4 – Sample Copy of the Safeguarding Adults - S42 Enquiry

Safeguarding Adults - S42 Enquiry Report

The contents of this document are restricted and should only be reproduced or shared with the agreement of the report author. You are responsible for the safe storage, transfer and disposal of this document. Organisations are responsible for ensuring that employees undertaking S42 Enquiries have the necessary training and competency to fulfil the requirements of the role.

PLEASE COMPLETE THE SECTIONS HIGHLIGHTED IN YELLOW AND RETURN TO THE SAFEGUARDING ADULTS PRACTITIONER, USING SECURE EMAIL, WITHIN 28 DAYS

If risks should increase significantly or new safeguarding issues are identified during enquiries, contact the Safeguarding Adults Team for further advice and support: SafeguardingAdultsServices@gloucestershire.gov.uk

PERSON STATED TO BE AT RISK							
NAME		DoB		LAS		NHS	
ADDRESS							
REPRESENTATIVE				CONTACT			

LEAD PROFESSIONALS DETAILS			
LEAD WORKER		AGENCY / PROVIDER	
DESIGNATION		CONTACT	

DETAILS OF THE CONCERN AS SHARED WITH THE ADULT SAFEGUARDING TEAM

RECOMMENDATIONS	RESPONSE / OUTCOME

PERSON'S MENTAL CAPACITY IN RELATION TO SAFEGUARDING CONCERNS		
Do these concerns relate to what appears to be an unwise decision by the individual?	YES	NO
If yes were there grounds to consider an assessment of the person's capacity to make an informed decision relating to the safeguarding concern?	YES	NO
PLEASE PROVIDE DETAILS OF ANY ASSESSMENT		

ADDITIONAL SUPPORT PROVIDED TO THE INDIVIDUAL DURING THE ENQUIRY

RISK MANAGEMENT

What actions were taken when the concern was raised to remove or reduce risk of abuse? Were other adults placed at risk? What was done about this? Were the Police or health services involved?

DATE	ACTION TAKEN	BY WHO

ANY REMAINING CONCERNS THAT COULD NOT BE RESOLVED

ANY ONGOING ACTIONS OR MONITORING	BY WHO

MAKING SAFEGUARDING PERSONAL				
TRY TO ESTABLISH THE PERSONS VIEWS ON THEIR EXPERIENCE OF THE ENQUIRY WORDING CAN BE ADJUSTED TO SUPPORT THE PERSON'S UNDERSTANDING	yes	no	partly	n/a
1. Did you feel you were listened to during the safeguarding enquiry?				
2. Have you got the outcomes you wanted?				
3. Did we give you the chance to say what you wanted to happen?				
4. Did you feel in control of the situation?				
5. Are you happy with what we did for you?				
6. Do you feel safer?				
7. Do you feel happier as a result of safeguarding?				
8. Would you be willing to be contacted by a representative of Gloucestershire County Council to discuss in more detail how the Safeguarding Enquiry was carried out?				
IF THERE WAS NO DISCUSSION WITH THE ADULT OR REPRESENTATIVE – WHY?				✓
9. Adult was not asked.				
10. Adult refused to discuss initial outcomes.				
11. Adult did not wish to discuss final outcomes.				

ADDITIONAL COMMENTS ON PERSON'S VIEW OF THE SAFEGUARDING PROCESS

PERSON COMPLETING THIS REPORT			
NAME		DESIGNATION	
CONTACT DETAILS			

SPECIALIST ADULT SAFEGUARDING PRACTITIONER DETAILS					
NAME		PHONE		EMAIL	
ALWAYS USE A SECURE NETWORK WHEN SENDING THE REPORT VIA EMAIL					

DATE SENT TO SAFEGUARDING ADULTS PRACTITIONER	