Safeguarding Reporting Procedure

EEG and OPM-MEG

This procedure ensures that all children, young people and adults accessing Young Epilepsy's Diagnostic Suite for clinical EEG and/or research OPM-MEG investigations are protected from harm.

The Diagnostic Suite operates on the St Piers campus

It sets out how the clinical EEG and research OPM-MEG services operate as distinct functions while maintaining effective coordination within St Piers Residential School and College where this is appropriate for the safety and wellbeing of a child or young person.

The organisational Child and Adult Protection and Safeguarding Policy remains essential background reading for all Young Epilepsy staff, volunteers, and other adults working on or off campus, and must be fully understood. The policy can be accessed here and is also available via our website

Scope

The safety, wellbeing and quality of care provided to all patients and research participants are of fundamental importance at Young Epilepsy. The organisation is committed to ensuring patient and participant choice, control and accountability, alongside appropriate support and protection for individuals in vulnerable situations. Safeguarding is central to the quality of care delivered within the Diagnostic Suite.

The purpose of this procedure is to ensure there is a consistent and robust approach to safeguarding all paediatric and adult patients, as well as research participants, accessing Young Epilepsy's Diagnostic Suite services on the St Piers campus.

This procedure applies to all staff involved in the care or supervision of patients and research participants, including healthcare scientists, postdoctoral researchers, the nursing team, honorary appointees, trainees, contractors, temporary workers (including locum and agency staff), and volunteers. For ease of reference, all individuals within these groups are referred to as 'staff' throughout this document.

This procedure should be read alongside the Child and Adult Protection and Safeguarding Policy and Procedure, Working Together to Safeguard Children 2026, the Care Act 2014 and associated statutory guidance, and relevant clinical and research governance requirements.

Where a patient or research participant is also a St Piers pupil or student, Keeping Children Safe in Education also applies.

The Diagnostic Suite comprises an independent-provider clinical EEG (electroencephalography) diagnostic service and a research facility incorporating optically pumped magnetometers for magnetoencephalography (OPM-MEG). All Young Epilepsy clinical EEG/MEG and research staff are required to complete mandatory safeguarding training and NIHR research ethics training.

Clinical EEG Service

The clinical EEG service is responsible for ensuring robust safeguarding arrangements through its contractual service-level agreements with the NHS and independent healthcare provider organisations. Young Epilepsy has a duty to ensure that all healthcare provision within the Diagnostic Suite meets safeguarding requirements and promotes the welfare, safety, and dignity of all patients receiving care.

Young Epilepsy must also demonstrate ongoing compliance with CQC registration requirements, relevant quality standards, and all applicable legislation and statutory guidance relating to safeguarding and clinical governance.

OPM-MEG Research Laboratory

The Young Epilepsy OPM-MEG lab within the diagnostic suite uses sensors to perform non-invasive measurements of brain activity. In line with CQC's Safe and Well-Led expectations, the service must ensure a safe, well-governed environment where safeguarding risks are identified, acted upon and escalated appropriately.

The lab is required to maintain robust safeguarding arrangements when working with patients and research participants. This includes preventing harm, responding promptly to any disclosures or emerging risks and providing enhanced protections for individuals in vulnerable circumstances, particularly children and young people. Staff must be trained, competent and supported to recognise and escalate safeguarding concerns without delay.

The OPM-MEG laboratory must operate in accordance with national research governance standards, including the UK Policy Framework for Health and Social Care Research, applicable Health Research Authority (HRA) guidance, Research Ethics Committee (REC) requirements, and Good Clinical Practice (GCP) principles.

All staff supporting clinical research must complete mandatory safeguarding, GCP and informed-consent training to ensure they work safely, legally, and in line with current best practice.

In accordance with NIHR safeguarding expectations, the lab must ensure that no participant is exposed to exploitation, abuse, or inappropriate conduct. Where required, enhanced DBS checks must be completed prior to staff involvement in research activity. The service must also uphold high standards of confidentiality, data protection, and information governance, including compliance with UK GDPR and the Data Protection Act 2018 when handling participant data.

This approach ensures that the OPM-MEG laboratory operates safely, ethically, and transparently, with effective oversight, clear lines of accountability, and safeguarding embedded throughout its research practice.

EEG/MEG Activation Procedures and Risk Points

Activation procedures - including hyperventilation, photic stimulation, sleep deprivation, and research-specific tasks - may introduce distress, discomfort, or an increased level of safeguarding risk.

- Detailed activation protocols and associated risk assessments are contained within the EEG Standard Operating Procedure (SOP) and research documentation.
- Staff must remain vigilant throughout all activation and research tasks, monitoring for any signs of distress, behavioural change, unexplained injury, or disclosures that may indicate a safeguarding concern
- The procedure must be paused or stopped where the person shows unexpected or significant distress, indicates that they do not wish to continue, withdraws consent or assent, or where continuing may place them or another person at risk. Staff must respond to the person's individual communication and presentation and follow the relevant clinical or research protocol and safeguarding escalation pathway.
- This safeguarding procedure does not duplicate technical activation instructions; rather, it defines the expectation that staff recognise emerging risks promptly, take appropriate action, and escalate concerns to safeguard patients and participants.

Consent/Assent

Consent processes, capacity assessments and documentation requirements are defined in the EEG SOP and research protocol/s.

- Any concerns relating to coercion, inability to consent, fluctuating capacity, or withdrawal of consent must be treated as potential safeguarding indicators.
- For research OPM-MEG, additional safeguards apply: participation must be voluntary, withdrawal must be respected immediately, and no clinical care must be contingent on research involvement.

There are clear and defined boundaries between the clinical, research and educational DSO/DSL roles across the St Piers campus. However, where a child or young person is both a St Piers pupil and a clinical or research participant, safeguarding information must be shared appropriately between the relevant DSO/DSL roles. In these circumstances, staff must also notify and engage the Manager /DDSL of the service or area to which the student is associated to ensure consistent, coordinated safeguarding decision-making.

Consent and assent are continuing processes and must be reviewed throughout the investigation or research activity. A person's reluctance, distress, resistance or withdrawal must be taken seriously, including where formal consent has previously been provided.

Where an adult may lack capacity to make a particular decision, staff must follow the Mental Capacity Act 2005 and the applicable clinical or research governance arrangements. Communication must be adapted to the person's needs, and children and young people should be involved in decisions in a way that is appropriate to their age and understanding.

Definitions

- **EEG diagnostic clinical investigation**: A medical test that measures electrical activity in the brain.
- **OPM-MEG research scan**: A research scan measuring the magnetic field in the brain.
- **DSL** – Designated Safeguarding Lead (St Piers)
- **DSO** – Designated Safeguarding Officer
- **A child** (patient/participant) is defined as anyone who has not yet reached their 18th birthday. Throughout this procedure, the term *children* is used to include babies, children, and young people, in line with *Working Together to Safeguard Children* (2026).
- The term **Adult at Risk** is defined in the St Piers Safeguarding Procedure and reflects the Care Act (2014). Safeguarding duties apply to an adult who:
  - has care and support needs (whether or not these are being met by the Local Authority); and
  - is experiencing, or is at risk of, abuse or neglect; and
  - as a result of those needs, is unable to protect themselves from the risk of, or the experience of, abuse or neglect.

The Care and Support Statutory Guidance issued under the Care Act 2014 describes safeguarding as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding should promote the adult's wellbeing, take account of their wishes, feelings and desired outcomes and support proportionate action to prevent or stop harm.

The *Care and Support Statutory Guidance* identifies ten categories of abuse:

1. Physical abuse (e.g., assault, unlawful restraint, over-medication)
2. Domestic abuse, including forced marriage
3. Sexual abuse
4. Psychological or emotional abuse
5. Financial abuse
6. Modern slavery
7. Neglect and acts of omission
8. Discriminatory abuse
9. Organisational abuse
10. Self-neglect

In addition, the *Pan-London Multi-Agency Safeguarding Procedures* highlight further areas of concern, including:

- Female Genital Mutilation
- Radicalisation
- Criminal exploitation (including trafficking and county lines)
- Other forms of exploitation, including “cuckooing”
- Pressure ulcers
- Unauthorised deprivation of liberty

Children and adults at risk who are not brought to their scheduled EEG appointment may present a safeguarding concern. In paediatric healthcare, this is referred to as *Was Not Brought (WNB)* to distinguish it from *Did Not Attend (DNA)*, which is typically used for adults.

Synchronised EEG-video recordings are clinical diagnostic data and may be reviewed as part of safeguarding procedures where there are legitimate concerns about patient safety, unexplained injury, behavioural events, or potential abuse or neglect.

Safeguarding Standards and Expectations

All Young Epilepsy staff must uphold safeguarding standards during all activities. All work undertaken within the Diagnostic Suite must be risk-assessed, with safeguarding considered a core component of every activity. Any students or observers must be appropriately briefed, supervised at all times, and clearly identifiable. Ethical practice must be followed consistently, including the use of written informed consent or assent where required.

Staff should remember that a safeguarding concern may arise from something a child or adult has said directly, something witnessed, information shared by another person or agency, or an instinct or intuition that something is not right. Staff must ensure they are familiar with the *Signs of Abuse* guidance and understand the indicators of potential harm.

Safeguarding Reporting Procedure

Young Epilepsy is committed to ensuring that all safeguarding concerns are responded to promptly, appropriately and in accordance with statutory guidance.

Trustees have legal responsibilities for safeguarding and are required to report serious safeguarding incidents — meaning concerns about beneficiaries of the charity — to the Charity Commission. This includes reporting any breach of policy or procedure that may have placed a beneficiary at risk. Designated Safeguarding Officers (DSOs) must ensure that the Executive Director of Health and the Head of Safeguarding and Quality Practice are informed of significant incidents without delay.

Staff must **never** keep a potential safeguarding concern to themselves. All staff are required to follow the agreed procedures for reporting and recording safeguarding concerns.

While it is not the role of staff to investigate, it is their responsibility to act promptly, record accurately, and escalate appropriately. This procedure sets out what is expected of staff and

how they will be supported if they are concerned that a child, young person, or adult is at risk of harm or has experienced abuse.

Immediate Risk

If a child, young person or adult is in immediate danger, requires urgent medical assistance, or a crime is in progress, staff must call 999 without delay. Immediate safety must take priority. Once emergency assistance has been requested, the concern must be reported and recorded through the safeguarding procedure as soon as possible.

Step-by-Step Reporting Procedure

1. Report the Concern

- Any safeguarding concern must be reported verbally without delay to the appropriate Designated Safeguarding Officer (DSO) for consideration of next steps. See Table 1 for contact details. DSOs must ensure that staff know who to report concerns to

- During normal working hours, the Head of Safeguarding and Quality Practice may also be contacted if the appropriate DSO is unavailable.

- Outside normal working hours, the Executive Director on call may be contacted for advice and support. DSOs must ensure that appropriate safeguarding cover arrangements are in place during periods of absence, and out-of-office messages should clearly identify an alternative safeguarding contact

2. Record the Concern

- Following verbal reporting, the concern must be recorded on MyConcern® as soon as practicable and no later than 24 hours after the concern arose or became known. Wherever possible, the report should be completed by the staff member who identified, witnessed, received, or was informed of the concern.

- Where access to MyConcern® is unavailable or there are other exceptional circumstances preventing the staff member from recording the concern directly, the Designated Safeguarding Officer (DSO) may create the record on their behalf. In such cases, the DSO must ensure that the record accurately and fully reflects the information provided by the reporting staff member, clearly distinguishing between first-hand information and any actions taken by the DSO.

- As Diagnostic Suite patients and research participants are not recorded on Databridge, staff must ensure that MyConcern® records contain sufficient identifying information to clearly identify the individual. This should include, where available, their full name, date of birth, contact details, relevant NHS or research identifiers, and details of the appointment or activity during which the concern arose.

- Staff must not investigate concerns or question the individual beyond what is necessary to establish their immediate safety and wellbeing.

- Staff must remain vigilant and act in accordance with the principle: **See it, hear it, act on it.**

- Where safeguarding concerns arise during EEG or MEG monitoring, staff must follow the agreed escalation pathway. This includes immediate verbal escalation to the DSO or DSL, prompt recording of the concern, and the secure transfer of any relevant EEG-video footage required to support safeguarding decision-making. Only the minimum necessary footage should be shared, and all handling must comply with UK GDPR, the Data Protection Act 2018 and local information governance requirements.

- Access to EEG-video footage is restricted to authorised staff and safeguarding personnel on a strict need-to-know basis. Recordings must be managed, retained and disposed of in accordance with local records management procedures, data protection requirements and relevant retention schedules

- The DSO should review the concern and confirm that all required safeguarding actions, recording requirements and escalation processes have been completed

3. External Reporting (if applicable):

- The DSO/DSL will determine whether consultation with, or referral to, the relevant local authority children's or adults' safeguarding service is required and who will make the contact. The DSO should also consider whether the safeguarding team at the referring NHS organisation, the named consultant, research sponsor or other relevant professional should be informed.

- A member of staff may contact the relevant safeguarding authority or emergency service directly where there is immediate risk, where a DSO/DSL cannot be contacted, or where they remain concerned that appropriate safeguarding action has not been taken. Any direct referral must also be reported internally as soon as possible.

- Consent should normally be sought where appropriate. However, information may be shared without consent where seeking consent would increase risk, prejudice the safeguarding response, or where there is another lawful and proportionate basis for sharing.

- All decisions, actions taken, referrals made and the rationale for those decisions must be clearly recorded on MyConcern®.

Additional OPM-MEG Research Reporting Escalation/Data Retention Schedule

Follow Research Governance Policies and procedures that set out how YE manages safeguarding concerns relating to research participants including reporting lines to:

- Research Manager DSO
- Research Ethics Committees
- Sponsors

- Clinical Trials Units

Research OPM-MEG data follow the approved research protocol and sponsor requirements, unless safeguarding or legal processes require extended retention.

The Research DSO or DSL may advise further.

4. Escalation of Concerns

If staff are not satisfied with the safeguarding actions or responses taken by the DSO/DSL, they may escalate the concern to the relevant local authority, or through Young Epilepsy's whistleblowing.

Table 1 - Designated Safeguarding Officer/s Contact Details (DSO)

Department	**Clinical EEG Service**	**OPM-MEG Research Laboratory**
1st point/s of contact	Kelly St. Pier (DSO) Diagnostic Suite Manager and Clinical Lead kstpier@youngepilepsy.org.uk 01342 589 436 Mobile: 07824600746	Dr Jowinn Chew (DSO) Research Manager jchew@youngepilepsy.org.uk Mobile: 07793089786.
Reporting Procedure	MyConcern®	MyConcern®

MyConcern® is Young Epilepsy's organisational system for recording safeguarding concerns arising within both the clinical EEG service and the OPM-MEG research laboratory. There is no separate safeguarding reporting route for the Diagnostic Suite. Any notification required under research governance arrangements, including notification to a sponsor, Research Ethics Committee or Clinical Trials Unit, is additional to, and does not replace, reporting and recording the safeguarding concern through the organisational procedure.

Alternative Contacts:

Deputy DSLs: Nurse Consultant/Head of Health – Kirsten McHale (kmchale1@youngepilepsy.org.uk). Mobile number: 07771434309

Senior Nurses – Roxanne Morgan (rmorgan@youngepilepsy.org.uk) & Penny Gough (pgough@youngepilepsy.org.uk) and available on Ext 220.

Lead DSL: Gill Walters, Head of Safeguarding and Quality Practice, 01342 832243 Ext 409 / 07825 1888 20, gwalters@stpiers.org.uk

Executive Director on call: rota can be found on the Young Epilepsy intranet

This procedure is agreed by the Lead Executive for Safeguarding -Young Epilepsy	
Signed 	**Date:** **01 September 2026**
Name: Jane Beaven **Title:** Chief Executive Officer	**Date of next review:** **31 August 2027**

Version table

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Approved by:- Georgia Toutziari

Version No.	Date of changes	Reason for change	Changes made by
1	Sept 26	Annual review. Clarified safeguarding reporting, MyConcern® recording requirements, consent and assent, external referrals	Gill Walters