

## **Managing Safeguarding Allegations against Staff**

### **Policy and Procedure**

Document Owner	Sheilagh Reavey
Document Author	Mary Emson, Stephanie Evis, Tracey Cooper
Version	5
Directorate	Nursing and Quality Directorate
Authorised By	(Approval Body/Manager) ENHCCG Quality Committee
Date of Approval	March 2019
Date of Review	December 2021

### Change History

Version	Date	Name	Revision Description
0.1		Tracey Cooper/Beverly Mukandi	Minor amendments
0.2		Sheilagh Reavey	None
0.3	Feb 2019	Mary Emson	Amendments-Childrens
0.4	Feb 2019	Stephanie Evis	Amendments-Adults

## Content

<b>Section No.</b>	<b>Section Name</b>	<b>Page No.</b>
1.	Introduction	3
2.	Terms/Acronyms Used/Definitions	4
3.	East & North Herts CCG Commitments and Values	4
4.	Application and Scope	5
5.	Managing Allegations – Immediate Actions	5
6.	Procedure for Reporting and Managing Allegations; East & North Herts CCG Staff	6
7.	Procedure for Reporting/Managing Allegations; Non-Directly Employed Staff	8
8.	Disclosure and Barring Service (DBS)	9
9.	Record Keeping	10
10.	Post Investigation Review	11
11.	Monitoring	11
12.	References	12
13.	Related Policies and Documents	12
	Appendix 1 Equality Impact Assessment Stage 1 Screening	13
	Appendix 2 Privacy Impact Assessment Stage 1 Screening	14

## 1.0 Introduction

This policy sets out a framework on steps required if an allegation of child or adult abuse is made against a member of staff or a volunteer. The policy describes the process for East & North Hertfordshire CCG (ENHCCG) and how it aligns with Hertfordshire Safeguarding Childrens Partnership (HSCP) and Hertfordshire Safeguarding Adult Board (HSAB) Multiagency process for management of allegations.

This policy applies to all CCG staff and anyone working on behalf or undertaking work or volunteering for the CCG. It provides a framework to ensure appropriate actions are taken, regardless of whether they are made in connection to duties with the NHS ENHCCG or if they fall outside of this such as in their private life or other capacity. This policy should be read alongside relevant CCG policies relating to safeguarding of individuals, the HSCP Policy -Managing allegations against adults who work with children and young people and Adults at Risk HSAB section 6.

The purpose of this Policy is to provide a framework for managing cases where allegations are made about CCG staff that indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity. The allegation or issue may arise either in the employee's/professionals work or private life.

Examples include:

- Behaving in a way that has harmed a child, or may have harmed a child /adult
- Possibly committing a criminal offence against/related to a child/adult.
- Behaving towards a child in a way that indicates he or she would pose a risk of harm to children/adults at risk
- Failing to work collaboratively with social care agencies when issues about care of children, young people or adults at risk of harm or abuse for whom they have caring responsibilities are being investigated.
- Behaving towards children, young people or adults at risk, in a manner that indicates they are unsuitable to work with children, young people or adults at risk of harm or abuse. **This includes unknown previous child abuse.**
- Where an allegation or concern arises about a member of staff, arising from their private life such as perpetration of domestic violence or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse.
- **Where an allegation of abuse is made against a person closely associated with a member of staff, who puts a child or adult at risk**

1.2 This policy is focused on management of risk, based on assessment of harm and abuse. Definitions of harm can be found in the Safeguarding Children and Young People Policy and the Adults at Risk Policy as detailed in the Children Act 1989 / 2004, 'No Secrets' (2000), and the Care Act (2014).

There are four categories of Child abuse:

- Neglect.
- Sexual.
- Emotional.
- Physical.

There are ten categories of abuse for adults:

- Physical Abuse
- Sexual Abuse and **Sexual Exploitation**
- Psychological / Emotional Abuse
- Financial / material
- Domestic abuse
- Modern slavery
- Neglect and Acts of omission
- Self-Neglect
- Discrimination
- Organisational

## **2.0 Terms/Acronyms Used/Definitions**

- 2.1 NSSO - Nominated Safeguarding Senior Officer  
SEIS - Strategic Executive Information System  
LADO - Local Authority Designated Officer  
DBS - Disclosure and Barring Service

## **3.0 East & North Herts CCG Commitments and Values**

- 3.1 The NHS Constitution establishes the principles and values of the NHS in East & North Herts CCG and rights that patients, public and staff are entitled to. It sets out the pledges that the NHS is committed to achieve, together with responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.
- 3.2 As a publicly funded NHS body, NHS East & North Hertfordshire CCG expects high standards from all of its employees and, in line with the key principles of the constitution, The CCG aspires to the highest standards of excellence and professionalism in the people it employs, the education, training and development they receive and in the leadership and management of the organization.

## 4.0 Application and Scope

- 4.1 This policy applies to all employees and contractors of the CCG, including secondees into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract. This list is not exhaustive, but encompasses all that work for and on behalf of East & North CCG.
- 4.2 For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as “staff” in this document
- 4.3 The policy covers allegations made against staff in the course of their NHS East & North Herts CCG duties and outside of this, including their private life and family home.
- 4.4 Although managing safeguarding allegations against staff is required under the Children Act (1989 /2004), this policy also applies to adults at risk of harm or abuse as per the Care Act (2014). Working Together to Safeguard Children and Young People (2018) sets out expectations that all statutory organisations will have a procedure for managing allegations against staff.

## 5.0 Managing Allegations – Immediate Actions

- 5.1 **Safety of child / adult at risk is a priority**
- **Assessment by Children/Adult Social Care, about whether a child/young person/ adult at risk of harm or abuse, is in need of protection or in need of services.**
  - **Referral to LADO Local Authority Designated Officer within 24 hours.**
- 5.2 The safety of the child, young person or an adult at risk is of paramount importance. Immediate action may be required to safeguard investigations and any other children, young people or adults at risk. Any concern that children, young people or adults may be at risk of harm or abuse, must immediately be reported. Careful consideration of issues relating to wider reputational damage also needs to be considered. If reputational damage is of concern, advice may be sought from the Executive and Communications team.
- 5.3 All staff must be familiar with referral procedures to protect an adult/child at risk. The concern must also be reported to the staff member’s line manager, who should take advice from the CCG Safeguarding Team and **Human Resources HR**.
- 5.4 The CCG will have a Nominated Safeguarding Senior Officer (NSSO) of significant seniority to make decisions on behalf of East & North CCG. Where no-one is appointed to this role, the Director of Nursing and Quality will act as the point of contact to identify and appoint the NSSO to lead and co-ordinate investigations.

- 5.5 The Hertfordshire Safeguarding Children Partnership and Adult Safeguarding Board websites set out their policies and procedures for safeguarding children/young people/ adults at risk of harm or abuse.
- 5.6 A Local Authority Designated Officer (LADO) is appointed by the Local Authority to act on their behalf in investigating allegations; this role plays a critical part in terms of working in partnership with the NHS to manage risk. **The LADO must be informed of allegations, according to local safeguarding procedures.**
- 5.7 A Serious Incident report of the allegation against a healthcare or non-healthcare professional should be reported on the Strategic Executive Information System (STEIS). Any action taken by the CCG to manage an allegation must not jeopardise any external investigations, such as a criminal investigation.

## **6.0 Procedure for Reporting and Managing Allegations; East & North Herts CCG Staff**

- 6.1 It is essential that every effort must be made to maintain confidentiality and manage communications while an allegation is being investigated. **Information is shared on a need to know basis.**
- 6.2 On becoming aware of an issue of concern (as outlined in section one above) all staff have a duty to inform their Line Manager immediately who will inform the NSSO who should:
- Ensure (if appropriate) that a child protection/adults at risk referral is made (or has been made) to the relevant Children/Adult Social Care Team and where appropriate the Police, using the required reporting form as detailed in Hertfordshire Safeguarding Boards policies and procedures.  
The referral must be put in writing to Children/Adult Social Care by the individual reporting the concerns within 24 hours or in the event of a weekend the earliest opportunity of the next working day. Where the issue is in relation to safeguarding children, the NSSO will liaise with the Local Authority Designated Officer (LADO) within 24 hours, who will agree with the NSSO any information that needs to be shared with other geographical areas depending on where the staff member lives. The LADO can be contacted through the local Social Care team or the Hertfordshire Safeguarding Children Partnership. Immediate issues of investigation and management of the employee should be discussed and agreed at this time, including what information should be passed to the staff member **who is suspected of an allegation.**
  - Where the issue is in relation to an adult at risk of harm or abuse, the NSSO will discuss the case and allegations with the police and the relevant adult social care department manager and identify which agency will be leading on the investigation.

- For CCG directly employed staff the NSSO should also contact the HR department for advice regarding the action to be taken in relation to the employee. In conjunction with HR and the staff member's line manager, decide whether suspension (neutral act) is appropriate during the period of investigation. HR will advise on the authority levels and process requirements for this action.
- HR advice will be pertinent to staff who are agency, secondees, or self-employed staff working on behalf of the CCG.
- Following notification to the LADO, children/adult Social Care and/or the Police if deemed necessary, the NSSO should undertake an internal (Strategy) Planning Meeting (see below) with the appropriate personnel will meet to decide how to manage the allegation. The LADO should attend this meeting. This group should include the Line Manager and a senior member of staff from Directorate concerned; Nominated Safeguarding Senior Officer; Safeguarding Lead; and a senior member of staff from the HR team to offer specific HR advice. Designated professionals may also be invited, as a safeguarding expert.

### **6.3 Strategy Planning Meeting- (the following issues should be considered;)**

- Whether the child/young person/adult at risk of harm or abuse is safe from any further risk of harm or abuse
- The safety of the young child/person/adult at risk.
- Review action undertaken so far to ensure the safety of the victim.
- Decide the internal investigation strategy to be undertaken. The Police and/or Social Care should be consulted when they are involved in any on-going investigation and/or criminal proceedings are pending.  
A referral to the appropriate professional regulatory body should the member of staff be a registered professional such as the General Medical Council (GMC) for doctors, and the Nursing & Midwifery Council (NMC) for nurses.
- Decide how to present the allegations to the relevant staff member concerned and how to manage the investigatory process. Agreement should be reached with children/adult Social Care and the Police about what information should be passed to the staff member concerned.
- The Line Manager should be asked to provide appropriate support to the individual while the case is on-going and keep them regularly informed.
- Where police investigations are ongoing, any internal action could be delayed pending police findings. Engagement with the police will be required throughout this period.

- Further support may be considered necessary from Occupational Health.
- Decide how the person/child/ adult at risk of harm or abuse, or their nominated parent/guardian/nominated carer making the allegation is to be kept informed of what is happening to their allegation, whilst adhering to the requirements of maintaining confidentiality and observing the requirements of the Human Rights Act and the Data Protection Act. The sharing of information must not 'contaminate' any CCG, Police or children/adult Social Care investigations that are on-going.
- CCG Communications team should provide additional support and advice in relation to the handling of any queries from the media concerning the allegation.
- Decide the frequency and format of review meetings which need to be set up to manage the on-going investigation and the various actions required.

## **7.0 Procedure for Reporting/Managing Allegations; Non-Directly Employed Staff**

7.1 As detailed in the recent lessons learnt report into Savile by Kate Lampard QC (2015), that if a safeguarding allegation is made against a CCG worker who is not directly employed by NHS East & North Herts, the allegation must also be shared with their employer or the body that engaged them at the earliest opportunity. The following are examples of some potential scenarios that might arise, but this is not exhaustive;

- Allegations made against agency workers must be reported to the appointing agency and the CCG
- Allegations made against workers employed by external contractors should be referred to the contractor and the CCG lead directorate responsible for managing the service level agreement with the contractor.
- Allegations made against workers seconded in from another employer to NHS East & North Herts CCG, or embedded with NHS East & North Herts CCG but employed elsewhere, should be reported to the relevant employer.
- Allegations made against volunteers undertaking duties for or on behalf of NHS East & North Herts CCG must also be reported to the voluntary body the person is volunteering with.

7.2 A NSSO should be appointed for such allegations and undertake the duties set out in section 5.2 and 5.3 above.

- 7.3 The NSSO will need to engage with the other relevant parties outlined above to decide how the allegation should be managed. These scenarios are likely to be complex and the NSSO should take early advice from their local safeguarding and HR leads.
- 7.4 It is recommended that a meeting is held between CCG and the other party/parties at the earliest opportunity, noting the responsibility to report issues to the Police and/or Social Care teams within 24 hours of the allegation being received. Such parties should be asked to attend the strategy meeting.
- 7.5 Despite the fact that allegations against such workers should be reported as above, the CCG still retains a responsibility to consider how the allegations should be managed if the allegation has a connection with, or relevance to, the duties that the worker undertakes with the CCG. All such allegations also need to be reported and escalated within the CCG in accordance with this policy.
- 7.6 Assumptions should not be made that the other party has referred the matter to the police or relevant other body – evidence needs to be promptly provided and if this is not forthcoming then the NHS East & North Herts CCG Nominated Safeguarding Senior Officer appointed to deal with the case should do so on behalf of the CCG and advise the other party accordingly.

## **8.0 Disclosure and Barring Service (DBS)**

- 8.1 As an employer of staff in a 'regulated activity' NHS East & North Herts also has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006. Managers must report concerns to their local HR team, who should seek advice from the CCG safeguarding team.

The following groups may be referred for information to the Disclosure and Barring Service:

- If an employee or worker of the CCG has been permanently removed from 'regulated activity' through dismissal or permanent transfer from 'regulated activity', or where they would have removed or transferred that person from regulated activity if they had not left, resigned, retired or been made redundant, and they believe the person has:
  - engaged in 'relevant conduct'
  - satisfied the 'harm test' (i.e. no action or inaction occurred but the present risk that it could occur was significant); or
  - Received a caution or conviction for a 'relevant offence' (see DBS website [www.gov.uk/disclosure-and-barring-service-criminal-record-checks-referrals-and-complaints](http://www.gov.uk/disclosure-and-barring-service-criminal-record-checks-referrals-and-complaints)).

- A referral to the DBS should be made following initial information gathering to establish whether there is cause for concern. A referral should be made even if the person in question has left NHS East & North Herts before an investigation and/or disciplinary process has been completed. However, it is important to note that the DBS has no investigatory powers and therefore relies upon evidence supplied to it. Managers therefore have a responsibility to complete investigations as far as possible, even where the individual leaves before investigations can be completed, so that the DBS has enough substantiated evidence on which it can base its decision. If additional information becomes available after making a referral this should also be provided to the DBS. The referral should be made using the DBS referral form and posted to the DBS enclosing all relevant information held. Please see further guidance and information at <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

## **9.0 Record keeping**

9.1 The NSSO will have the responsibility for ensuring the following records are kept:

- The nature of the allegation/concern.
- Who was spoken to as part of the process and what statements/notes were taken and when.
- Any records that were seen and reviewed.
- What actions were considered and justification for specific decisions, including suspension and any actions taken under the CCG Disciplinary Procedure.
- What alternatives to actions were explored?
- Minutes and actions of all meetings that take place.

All documents must be accessed and retained in accordance with the requirements of Records Management: NHS Code of Practice (DH 2006) General Data Protection Regulation (2018) and the CCG's Records Management Policy.

All records should be saved in a secure area and not on personal drives as they may need to be accessed, the folder should be restricted to certain personnel on the shared drive.

- 9.3 For these particular records;
- Name the files appropriately.
  - Apply a retention period in accordance with the requirements of Records Management: NHS Code of Practice (DH 2006) General Data Protection Regulation (2018) and the CCG's Records Management Policy.
  - Save in an agreed area and apply security measures to the records as they contain personal information
  - Remember that emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the file accordingly.

## **10.0 Post Investigation Review**

- 10.1 Following the completion of the initial investigation, the Nominated Safeguarding Senior Officer will lead a review of the case and its actions. This will be passed to the Director of Nursing and Quality of the CCG for review. Further actions may still be pending, including consideration of disciplinary matters or an ongoing criminal investigation.
- 10.2 Any recommendations from the review will be implemented and information disseminated to the appropriate people within the organisation.
- 10.3 As well as supporting the member of staff throughout the investigation, consideration must be paid to supporting the member of staff through integration back into the workplace should this be appropriate post-investigation. On-going support for the member of staff may be offered through Occupational Health.

## **11.0 Monitoring**

- 11.1 The CCG will monitor compliance of this policy
- 11.2 The Designated Nurse and Head of Adult Safeguarding are responsible for the monitoring, revision and updating of this policy. They will act on behalf of the Director of Nursing and Quality (Executive Lead Safeguarding) in this respect, and will update the Governing Body on its implementation.
- 11.3 This policy will be monitored with regard to the implications of equality and diversity on a regular basis.

## **12.0 References**

- **Managing Safeguarding Allegations Against Adults who work with Children and Young people Hertfordshire safeguarding Children Board 2018**
- National Commissioning Board (NHS East & North Herts CCG) 30<sup>th</sup> June 2015

## **13.0 Related Policies and Documents**

- Safeguarding Children at Risk and Looked After Children Policy 2018
- Safeguarding Adults Policy
- Records Management Policy.

## Appendix 1 – Equality Impact Assessment Stage 1 Screening

1. Policy		EIA Completion Details			
Title: Proposed Existing Review Date: <b>February 2021</b>	Date of Completion: February <b>2019</b>	Names & Titles of staff involved in completing the EIA: <b>Mary Emson, Designated(Safeguarding Children)</b>			
2. Details of the Policy. Who is likely to be affected by this policy?					
Staff	Patients	Public			
3. Impact on Groups with Protected Characteristics					
	Probable impact on group?			High, Medium or Low	Please explain your answers
	Positive	Adverse	None		
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Being married or in a civil partnership			<b>X</b>		
Disability, inc. learning difficulties, physical disability, sensory impairment etc.			<b>X</b>		
Having just had a baby or being pregnant			<b>X</b>		
Race, ethnicity, nationality, language etc.			<b>X</b>		
Religion or belief			<b>X</b>		
Sex (inc. being a transsexual person)			<b>X</b>		
Sexual Orientation			<b>X</b>		
Other:					
<b>No impact on any of the groups above.</b>	Please explain and provide evidence The NHS of the 21st century must be responsive to the needs of different patients and individuals within society, and challenge discrimination on the grounds of age, gender, ethnicity, religion, disability and sexuality. The NHS will treat patients as individuals, with respect for their dignity. Patients and citizens will have a greater say in the NHS, and the provision of services will be centred on patients' needs. ENHCCG does not discriminate on grounds of sex, age, sexual orientation, ethnicity, educational level, employment, disability, marital status or religion.				
4. Which equality legislative Act applies to the policy?					
Human Rights Act 1998 Equality Act 2010 Health & Safety Regulations			Mental Health Act 1983 Mental Capacity Act 2005		
5. How could the identified adverse effects be minimised or eradicated?					

N/A
<b>6. How is the effect of the policy on different Impact Groups going to be monitored?</b>
N/A

<b>Appendix 2 – Privacy Impact Assessment Stage 1 Screening</b>			
1. Policy	PIA Completion Details		
Title: Proposed                      Date of Completion: Existing                        February 2019  Review Date: February 2021	Names & Titles of staff involved in completing the PIA: Mary Emson Designated (Safeguarding Children)		
2. Details of the Policy. Who is likely to be affected by this policy?			
Staff	Patients		Public
	Yes	No	Please explain your answers
<b>Technology</b> Does the policy apply new or additional information technologies that have the potential for privacy intrusion? <i>(Example: use of smartcards)</i>		✗	
<b>Identity</b> By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication? <i>(Example: digital signatures, presentation of identity documents, biometrics etc.)</i>		✗	
By adhering to the policy content is there a risk of denying anonymity and de-identification or converting previously anonymous or de-identified data into identifiable formats?		✗	
<b>Multiple Organisations</b> Does the policy affect multiple organisations? <i>(Example: joint working initiatives with other government departments or private sector organisations)</i>	✗		Safeguarding children and adults at risk requires a multi-agency response with all statutory partner agencies.
<b>Data</b> By adhering to the policy is there likelihood that the data handling processes are changed? <i>(Example: this would include a more intensive processing of data than that which was originally expected)</i>		✗	

<p>If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department?</p>	<p>This policy will impact positively on the safeguarding children agenda and partner agencies. It has been endorsed by the Hertfordshire Safeguarding Children Board Policy and procedure sub-group.</p>
--	---