London Ambulance Service NHS Trust

Policy on the Management of Safeguarding Allegations against Staff

Document Control

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Change History

Date	Change	Approved by/Comments
27/11/2025	5.4	Corrected broken hyperlinks
Sept 2025	5.3	Amend titles and triage tool Inputs from the Head of Safeguarding and the Head of Professional Standards.
August 2023	5.2	To include a new triage process linked to the resolution framework for reporting, consistency & and recognition of outside agency processes
June 2022	5.1	To reflect resolution policy & sexual safety
March 2022	5.0	The improved process includes a check sheet and a risk assessment template.
Tbc 2021	4.0	Routine review and consideration of changes following East of England CQC inspection.
16/7/18	3.1	Document Profile and Control update

5/6/18	2.3	Minor amendments following comments from the Head of Safeguarding & Prevent
10/4/18	2.2	Amendments to job titles and governance arrangements as requested by the Chief Quality Officer
24/11/15	2.1	Document Profile and Control Update
7/9/15	1.4	Changes as suggested by the Director of Nursing and Quality at 4.3 and 6.8
11/8/15	1.3	Changes to the definition of 'adult at risk', reference to the Care Act at paragraph 1.4 and addition of examples at 3.2 and checklist at appendix 1
16/11/14	1.2	Formatting changes and Document Profile and Control update
13/8/14	1.1	SMT Comments
9/7/14	0.4	Staff Side Comments
1/7/14	0.3	HR Comments
18/6/14	0.2	Comments of Safeguarding Leads
13/5/14	0.1	Original version

Referenced Documents

Reference	Title	Location/Link
TP018	LAS Safeguarding Children and Young People Policy	https://londonambulanceservice.wor kvivo.com/document/link/742852
TP019	LAS Safeguarding Adults at Risk Policy	https://londonambulanceservice.wor kvivo.com/document/link/748242
TP010	LAS Freedom to Speak Up Policy	https://londonambulanceservice.wor kvivo.com/document/link/742997
TP165	LAS Sexual Safety Policy	https://londonambulanceservice.wor kvivo.com/document/link/742851
TP151	LAS Resolution Framework	https://londonambulanceservice.wor kvivo.com/document/link/742992

1. Introduction - Policy Objective

1.1 The Trust has a duty to ensure that measures are in place to protect and safeguard children and adults at risk from harm - this duty extends to all employees and apprentices (including volunteers and contractors), whatever they do and wherever they work.

1.2 This Policy and Procedure sets out the Trust's position as well as individuals' responsibilities when allegations concerning or that could impact the safeguarding of children and adults at risk are raised against employees and others working on the Trust's behalf. Allegations may relate to current or past behaviour, and may relate to both professional and private life. They could also be between staff members. Allegations may be raised through various channels, including Freedom to Speak Up. See Appendix 1 for guidance.

1.3 This policy covers all allegations of staff members in a position of trust, managers, trainers, officers and front line, corporate staff volunteers, apprentices and university students or anyone working on behalf of the trust where they could have abused that power.

1.4 It also covers sexual safety allegations within the Trust, including physical, emotional, or coercive control. See Sexual Safety Charter in Appendix 3 and refer to the Sexual Safety Policy.

1.5 This Policy and Procedure is in line with the statutory guidance contained within Working Together to Safeguard Children (March 2018) and the principles of protection upheld by the Children Act (1989, 2004) as well as the Care Act (2014).

1.6 The Trust is committed to ensuring that there is a consistent, transparent and rigorous approach to addressing safeguarding allegations against staff. Allegations will be managed in such a way that both the person who has made an allegation and the employee against whom any allegations have been made are supported, and that the appropriate level of confidentiality is maintained.

1.7 The Trust has a legal duty to refer individuals to the Disclosure and Barring Service (DBS) in certain circumstances, as detailed in Section 5, as well as to the registered body if the staff member is a registrant.

1.8 The Trust also has a duty under the Serious Crime Act to report incidents of serious crime to the police.

2. Scope and Definitions

This Policy and Procedure apply to all employees (including apprentices and university students). It also applies to bank staff and volunteers working for the Trust or on behalf of another organisation for the Trust. For this document, these individuals are hereafter referred to as 'employee.'

This Policy applies to allegations where there is reasonable cause to suspect that a child or adult at risk is suffering, or is likely to suffer, significant harm. It also

applies to cases where allegations are made that indicate that a person is unsuitable to work with children and adults at risk in their current role, or in any capacity on behalf of the LAS.

Whilst this policy and procedure primarily concerns itself with safeguarding allegations *against* employees, managers must also raise queries with the Head of Safeguarding & Prevent regarding safeguarding concerns affecting employees and/or their families. Depending upon the outcome of any discussions, these cases may or may not be managed in line with this document.
For this policy, the following terms are referred to:

Safeguarding Allegation: This is an allegation that an employee has or could potentially: (*see Appendix 1 guidance*)

- Behaved in a way that has harmed a child/ adult at risk, or may have harmed a child or adult at risk; or
- Possibly committed a criminal offence against or related to a child or adult at risk;
- Behaved towards a child or adult at risk in a way that indicates that they may pose a risk of harm to children or adults at risk.

Examples of this include:

- Having committed a criminal offence against or related to children, young people or adults at risk, i.e. theft, sexual assault, severe neglect and discrimination;
- Failing to work collaboratively with social care agencies when issues about the care of children, young people or adults at risk for whom they have caring responsibilities are being investigated;
- Behaving towards children, young people or adults at risk, either inside or outside of work, in a manner that indicates they are unsuitable to work with children, young people or adults at risk of harm or abuse;
- Where an allegation or concern arises about an employee, arising from their private life, such as perpetration of domestic abuse 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 someone closely associated with an employee, such as a partner, member of the family or other household member.
- Where a sexual abuse allegation is involved, regardless of age or vulnerability.

In the context of safeguarding, **children** refer to any child or young person up to their 18th birthday.

Adult at risk: is someone aged 18 years or over who may have needs for care and support (whether or not a local 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 themselves against the abuse or neglect or the risk of it (Care Act 2014).

3. Accountabilities and Responsibilities

Chief Paramedic & Exec Lead for Safeguarding.

The Chief Paramedic is the appointed Director with overall responsibility for safeguarding activity in the Trust, including safeguarding allegations made against employees.

The Head of Safeguarding & Prevent

The Head of Safeguarding & Prevent will be the first contact for managers raising concerns about safeguarding allegations against employees. They act under delegated authority from the Chief Paramedic & Quality Officer and will escalate any matters of concern to the Chief Paramedic & Quality Officer as appropriate.

Managers

Managers are responsible for informing and liaising with the Head of Safeguarding & Prevent. In the absence of the Head of Safeguarding & Prevent, the Chief Paramedic & Quality Officer must be contacted directly.

The manager is also responsible for commissioning any investigation, monitoring its progress and taking action in circumstances of delay, etc.

Patient Experiences Department

PED should screen complaints and, where there are allegations against a member of staff involving theft, abuse, or neglect, these must be reported to the Head of Safeguarding & Prevent immediately, informing them that the operational manager's complaint has been passed to them.

Investigating Manager/HR support

If an investigation is launched into the allegations, then the investigating manager, in liaison with their HR support, is responsible for updating the senior manager who commissioned the investigation, who in turn will liaise with the Head of Safeguarding & Prevent.

All employees

All employees have a duty to help safeguard children and adults at risk by reporting concerns or allegations of possible abuse by a colleague to a manager and by cooperating with any subsequent investigation. They also have a responsibility to refer themselves to their professional registration body, for example, the Health and Care Professions Council (HCPC), when appropriate.

All staff must self-declare to their employer if they have been charged with a criminal offence, as per their contractual obligation.

4. Procedure

Reporting

Employees, along with their responsibilities to report suspected safeguarding concerns concerning members of the public with whom they come into contact - as outlined in the Trust's Safeguarding Children and Young People Policy (TP018) and Safeguarding Adults at Risk Policy (TP019) - must report any safeguarding concerns regarding an LAS colleague to their line manager in the first instance. These concerns may relate to the individual's home or work life.

Contacting the Head of Safeguarding & Prevent and onward referral

Any manager on receipt of an allegation concerning possible abuse towards a child or adult at risk or sexual assault must, in addition to informing their senior manager, contact the Head of Safeguarding & Prevent (working under delegated authority from the Chief Paramedic) and tell them accordingly. In the absence of the Head of Safeguarding & Prevent, the Deputy Head of Safeguarding must be contacted directly.

The Head of Safeguarding & Prevent will liaise with the nominated lead within People and Culture, and a Resolution Framework Panel will be convened, including Safeguarding, as well as the Head of Professional Standards, to discuss allegations, triage, and agree on the appropriate next steps based on an assessment of harm and abuse. The Panel will be undertaken in conjunction with the Resolution framework lead and will use the safeguarding risk assessment tool to document decisions and actions to be taken (Appendix 2). The triage hub will ensure the completion of suspension consideration paperwork when appropriate, along with providing staff support as needed. The panel should consist of the Resolution Hub Manager, Employee Relations Manager, Head of Safeguarding & Prevent, FTSU Guardian, Head of Professional Standards, the line manager for the staff member, and other relevant managers in relation to the allegation.

Allegations may be reported via the Resolution Hub, complaints, FTSU, managers, or external partners. The allegation will be triaged via the Safeguarding Allegations Panel with the Resolution Hub. There will be no need to re-triage cases via the Resolution Hub process. Once triage has been completed, the allegation will be investigated through the most appropriate route. i.e., Employed staff via the Resolution Framework, university students via the university, agency staff via the agency, etc.

The Head of Safeguarding & Prevent, following consideration of the allegations, will advise on the following:

- Referral to the Police and/or Social Services (Local Authority Designated Officer (LADO) or Safeguarding Adult Manager). The Head of Safeguarding & Prevent will refer any child safeguarding cases to the Local Authority Designated Officer (LADO) and, for cases concerning adults at risk, to the Safeguarding Adult Manager. Whilst there may be circumstances where further investigation is required, it is generally expected that the referral will be done within one working day.
- The Head of Safeguarding & Prevent will record non-identifiable information on the Radar system to notify the National Reporting Learning System (NRLS). The Head of Safeguarding & Prevent will hold a complete record of the allegation securely.
- Head of Safeguarding & Prevent will advise on the terms of reference of any investigation.
- Head of Safeguarding & Prevent will liaise with external agencies, universities, etc, in conjunction with trust partners to ensure that the investigation is completed and the trust is notified of the outcome.
- Guidance and frequently asked questions can be found in Appendix 5

Investigation of any Safeguarding allegations against staff

Any investigation into safeguarding allegations against LAS staff will be in line with the provisions of the Trust's Resolution Framework (for Handling Concerns about an Employee's behaviour or conduct), including any initial fact-finding required. The Head of Safeguarding & Prevent will convene a panel of senior managers to participate in the triage of all safeguarding cases, supporting the assessment of whether an individual's continued presence in the workplace is appropriate during an investigation involving safeguarding allegations against staff. Every effort must be made to maintain confidentiality and manage communications effectively whilst an allegation is being investigated. In addition, the following considerations will also apply:

- Appropriate liaison must take place with Police and Social Services (and other agencies if necessary) *before* any internal investigation so as not to affect, for example, any criminal investigation or proceedings. The decision on who liaises with which partners will be made at the case conference.
- It is likely that an investigation concerning safeguarding may involve the collection of evidence from a child or adult at risk. Advice from the Head of Safeguarding & Prevent should be sought in such circumstances, as well as from the Police or Social Services (if appropriate).
- Any information gathered during the investigation, including any witness statements, may have to be shared with other external agencies. The investigator will inform all parties at the start of any interview how their data will be used.
- The conclusion of any investigation or formal hearing will be communicated to the Head of Safeguarding & Prevent.
- Any investigation concerning safeguarding issues will continue irrespective of whether the individual refuses to cooperate or if they resign from the

Trust, and a report including conclusions and recommendations will be produced.

5. Notification to External Agencies/Bodies

The Trust will comply with its legal obligation to notify external agencies of any safeguarding allegations made against staff. Any decision to refer to an external agency will not be affected by whether the employee in question remains in employment with the LAS at the time of referral.

Early referral to partners is essential in preventing further risk.

Local Authority Designated Officer (LADO) / Safeguarding Adult Manager (SAM)

The Head of Safeguarding & Prevent will contact the LADO or SAM in all cases.

All Local Authorities have a LADO who works within Children's Services. The LADO must be alerted to all cases in which it is alleged that a person who works with children has behaved in a way that has harmed, or may have harmed a child; possibly committed a criminal offence against children or related to a child; or behaved in a way that indicates s/he are unsuitable to work with children.

The Head of Safeguarding and Prevent will confirm the outcome of the investigation/subsequent actions taken by the Trust to the LADO/SAM.

Disclosure & Barring Service

The Head of Safeguarding & Prevent has the responsibility to advise on the appropriateness of a referral to the Disclosure and Barring Service (DBS).

As a regulated activity provider, the trust must make a referral when both of the following conditions have been met:

Condition 1

The trust has withdrawn permission for a person to engage in regulated activity with children and/or vulnerable adults. Alternatively, you can move the person to another area of work that is not a regulated activity.

This includes situations where you would have taken the above action, but the person was redeployed, resigned, retired, or left the organisation. For example, a teacher resigns when an allegation of harm to a student is first made.

Condition 2

You think 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.

- 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 person still exists. Or

- been cautioned or convicted of a relevant (automatic barring either with or without the right to make representations) offence

The Safeguarding Vulnerable Groups Act 2006 places a legal duty on employers to refer any person to the DBS who has:

- Harmed or poses a risk of harm to a child or vulnerable adult;
- satisfied the harm test; or
- Receives a caution or conviction for a relevant offence.

The Safeguarding Vulnerable Groups Act also requires employers to refer individuals to the DBS who have been removed from regulated activity or have resigned due to safeguarding concerns.

The failure to make a barring referral in such circumstances not only breaches that legal duty but also prevents DBS from considering whether an individual should be included in a Barred List, potentially weakening the overall effectiveness of any check requested by future employers.

Every employer with employees working in regulated activities involving vulnerable groups must ensure that any individuals who may pose a risk of harm are referred for DBS consideration in situations where they have resigned, been removed, or dismissed due to safeguarding concerns.

Referrals to DBS do not need to wait until the conclusion of the investigation. Where there are serious concerns, and the two-stage test is met, the trust should notify DBS that they have a case and update them once the investigation is complete. This ensures that any staff member applying for another regulated activity while an investigation is still ongoing will be flagged as a potential concern to any future employer.

In cases where it is deemed appropriate, a representative from People & Culture, in consultation with the Head of Safeguarding and Prevent, will complete the referral. Please refer to Appendix 4 for additional information.

Professional Regulatory Bodies

Registered staff have a professional duty to inform their regulatory body of any safeguarding complaint or allegation made against them.

The Trust Head of Professional Standards will also inform any relevant regulatory body (such as the HCPC, NMC, or GMC) of any safeguarding allegations made against a registered employee. It will cooperate with the regulatory body in any fitness to practice investigations and proceedings, including the sharing of appropriate information.

The Trust can make a referral to HCPC at any time, even if your own investigation is not complete.
However, you should refer a concern to us immediately if:

- *your concern is serious, for example, it involves dishonesty or harm to service users;*
- *you have dismissed, suspended or downgraded a registered professional's status while you are investigating a concern about them, or as a result of your investigation;*
- *a registrant resigns while you are investigating a concern about them or as a result of your investigation; or*
- *a registrant has been charged with, cautioned or convicted of a criminal offence.*

Otherwise, you should usually refer a concern to us when the outcome of your disciplinary process is known.

All referrals to the regulator must be made via the Head of Professional Standards, rather than individual managers. Advice can be sought from: londamb.regulatorenquires@nhs.net:

Secondary Employers

Some employees may hold a second job in addition to their LAS position. The advice of the Head of Safeguarding & Prevent should be sought regarding whether to inform the other employer and, if so, the appropriate point at which to do so. If this is in relation to a regulated activity, it should be undertaken at the point of the allegation.

6. Handling allegations against staff in alternative employment arrangements

Where an allegation is made against a member of LAS staff working in another organisation (such as those temporarily seconded to another organisation), or an allegation is made against an individual working on behalf of the Trust but employed by another agencies, then discussion will take place between the two

bodies regarding who will undertake the necessary actions under this Policy and Procedure, including investigation and/ or any essential referral to outside agencies. The Safeguarding Allegations Panel will consider all the action needed to protect patients and the trust while agencies investigate allegations. The LAS reserves the right to make a decision on whether to allow anyone working on our behalf to continue, given the information provided to them. The Trust must ensure its priority is to protect patients and staff and uphold the Trust's values.

The Head of Safeguarding & Prevent will monitor any such investigation and will be notified of the outcome.

7. Monitoring and Compliance

The Head of Safeguarding & Prevent & Head of Employee Relations will monitor all reported safeguarding cases concerning employees and will liaise as necessary with the nominated representative from the People and Culture Directorate regarding the progress of individual cases. Any concerns regarding individual cases will be escalated to the Chief Paramedic & Quality Officer.

A regular meeting will be held between the Head of Safeguarding and Prevent and nominated lead(s) from the People and Culture Directorate to review all current cases of safeguarding allegations against staff.

The Deputy CEO, Chief People Officer, Freedom to Speak Up Guardian, and Head of Safeguarding & Prevent will meet monthly to provide an overview of cases held by FTSU & Safeguarding Allegations. This meeting will enable the escalation of concerns/delays in the process and provide an overview of the methods.

8. Effectiveness and Reporting

Anonymised reports concerning investigations will be presented and reviewed at each meeting of the Safeguarding Assurance Group.

Safeguarding allegations, where appropriate, will be recorded on Radar to enable notification to the NRLS.

The People & Culture directorate will keep records of safeguarding investigations into allegations against staff and their outcomes.

The Head of Safeguarding & Prevent will maintain a record of all allegation cases.

9. Implementation Plan

The policy will be posted on the Trust's internet and intranet site, and all staff will be made aware of its existence via the Routine Information Bulletin (RIB).

10. Competence (Education and Training)

All employees are required to undertake mandatory safeguarding training.

11. Policy Review

This policy will be reviewed after three years or as necessary to meet any statutory changes.

12. Equality Impact Assessment Statement:

This policy has been reviewed in line with the Equality Act 2010, which places a duty on the Trust to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Act sets out nine protected characteristics that apply to the equality duty, which must be considered when writing all documents.

13. References

This policy has drawn on guidance from:

- The Safeguarding Vulnerable Groups Act 2006
- Disclosure & Barring Service
- Working Together to Safeguard Children 2010
- Pan London Safeguarding Procedure
- Care Act 2014

Appendix 1

Guidance on when a Staff issue, complaint, FTSU enquiry is also a Safeguarding concern

Issues, concerns and complaints come to the notice of the Trust through a number of different routes, some of these will have a safeguarding element that is obvious and others may not be so obvious. We have a statutory duty to work with partners where there is a safeguarding allegation against staff. Or where staff are a risk to patients.

This guidance is to help you to decide if you need to involve safeguarding.

If it is a safeguarding issue this should be reported within 24hours of receipt, to ensure we can meet our duty to report to partners.

There are a few ways to identify if it meets the safeguarding allegations process these include;

1. Incident, complaint, concern or issue involves a child
2. Incident, complaint, concern or issue involves an adult patient who has disability, MH illness, vulnerable or has local authority involvement.
3. The concern is a crime or has a criminal element.
4. Contact is from the police with common law disclosure.
5. There is a potential that whilst issue does not involve a member of the public there is a potential risk to other patients, by staff's behaviour.
6. Incident, complaint, concern or issue involves Domestic Abuse
7. Incident, complaint, concern or issue involves sexual abuse/ conduct of staff or public.

Should any of these be present immediate contact should be made with Head of Safeguarding & Prevent or in their absence their deputy.

Email Alan.Taylor16@nhs.net or telephone 07748770969

It doesn't matter if the incident occurred during work or outside of work this would still need to be reported to Head of safeguarding & Prevent

The Head of Safeguarding & Prevent will if appropriate arrange an MS Team meeting with Senior P&C Manager, ADO or equivalent for area of trust & FTSU. To triage and decide on any immediate sanctions, mitigation & next course of action.

Guidance on reporting Allegations against staff Oct 2021 AT V1

If an employee wishes to seek advice on whether their concern constitutes a safeguarding issue, they can contact the Head of Safeguarding & Prevent

Appendix 2

Sexual Safety and Safeguarding.docx

Safeguarding & Sexual Safety Allegation Risk Assessment

The trust has a duty to risk assess and, in most cases, investigate all safeguarding allegations. In addition, the trust has taken a zero-tolerance approach to sexual safety concerns, resulting in these also needing a risk assessment and, in most cases, an investigation.
This risk assessment will be used in all cases of safeguarding and/or sexual safety allegations to ensure a consistent approach to these cases.

This will be undertaken promptly, typically within 48 hours of the allegation being reported. The trust has a requirement to notify external partners within this timescale of safeguarding allegations.

Allegations may come in via several routes, such as safeguarding, the Resolution Framework, or the freedom to speak up. It is essential that there is good communication between them to act promptly.

The RH Panel will be kept to a minimum; however, it should consist of

- Head of Safeguarding & Prevent (or deputy)
- Resolution Hub Manager
- P&C manager for the area
- Senior manager

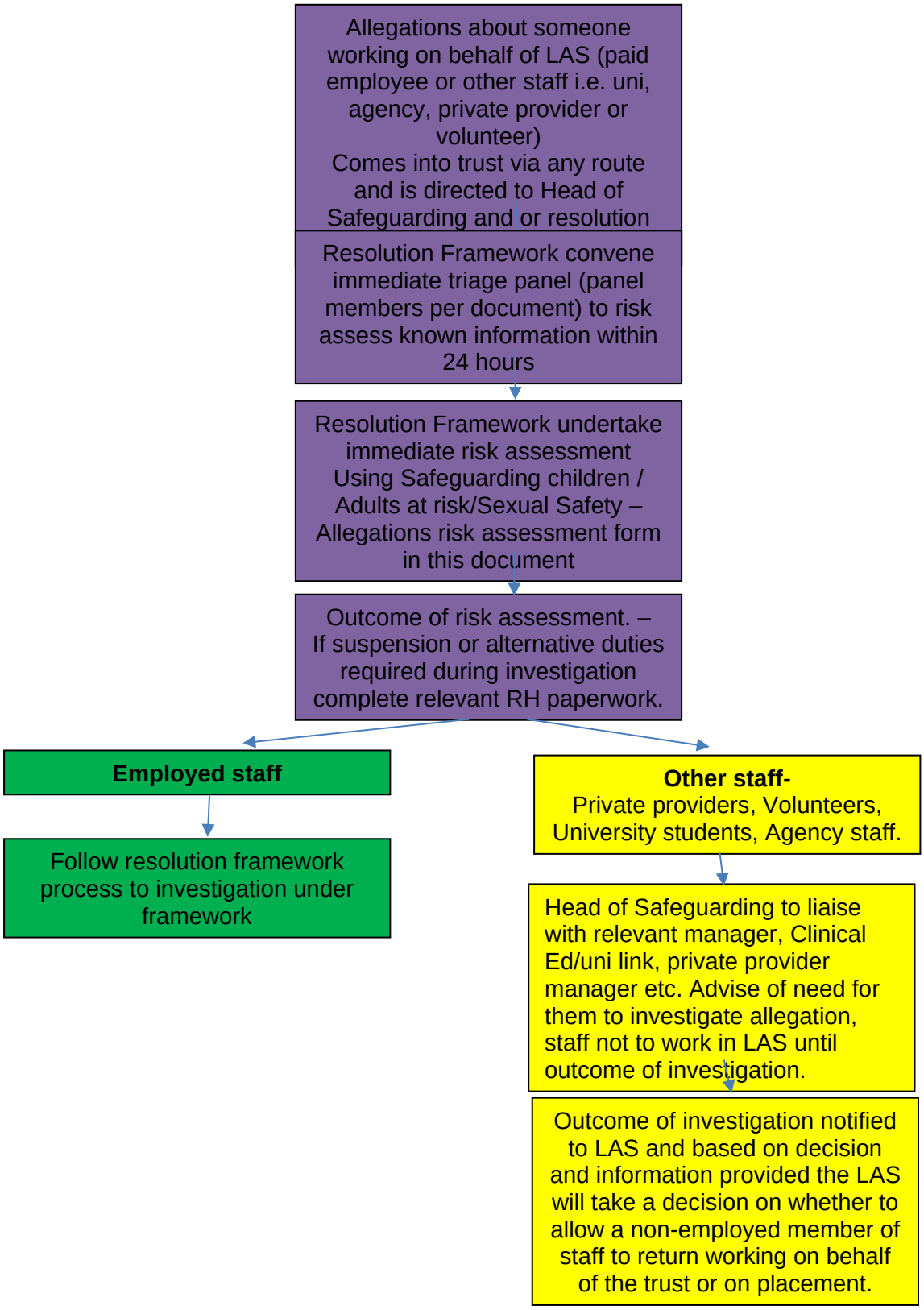
Once initial triage is undertaken, if the outcome is to undertake an investigation, it will then follow the appropriate pathway. (See chart below)

- for employed staff/bank - investigation under the resolution framework,
- for university students, volunteers, and private ambulance providers
  The Head of Safeguarding & Prevent will liaise with relevant internal and external parties to ensure they undertake an investigation and assure the LAS of the outcome.

In most of these cases, we will be investigating whether or not the person has, by their actions, failed to adhere to trust values and the sexual safety charter and therefore brought the LAS into disrepute, and if it is safe to continue to employ them, considering risks to patients and staff.
An investigation should be undertaken to determine the balance of probability whether an incident has occurred and its impact.

The Investigation should determine whether, as a result of the findings, a formal hearing should be recommended.

Safeguarding and sexual safety allegations flow chart



SAFEGUARDING CHILDREN / ADULT AT RISK/Sexual Safety - ALLEGATION RISK ASSESSMENT FORM

Initial information obtained

Name of Click or tap here to **individual**

Designation

Directorate/ **Department/Stn**

Nature of Allegations

Highlight appropriate (for safeguarding & ESR record)
Safeguarding Child
Safeguarding Adult
Safeguarding transferable risk
Sexual Safety
Safeguarding & Sexual Safety

Type of Abuse alleged- Safeguarding

Highlight appropriate
Neglect
Emotional Abuse
Sexual Abuse
Physical Injury
Domestic Abuse
Financial
Other please state …..

Type of alleged Sexual safety

Highlight appropriate
Verbal sexual Harassment
Physical sexual abuse
Serious sexual abuse (i.e. serious injury/Rape)
Sexual digital communication (internet & mobile photos, sex texting chat group etc)
Coercion & Controlling Behaviour

Details/ Account of allegation

Any Explanations given?

None inconsistent explanation consistent explanation

State none –

State details of Employment Status: role in LAS

Employee Student Agency Bank Volunteer
Other please state……..

Access to Children /Adults at risk (Yes/No)

Action already taken to minimise risk.

i.e. cooling off, sick moved to non-patient facing, occ health etc

Panel concerns/ considerations

1. LIKELIHOOD (PLR)
Taking into account the situation, how likely is it that the individual will harm a patient/ visitor, or staff member?
Score according to the following scale:

Score	Descriptor	Description
5	Almost Certain	Likely to or has to occur on many occasions with one or other parties Rape. Sexual assaults Digital /internet incidents potential.
4	Likely	Will probably occur again Has occurred more than once. Potential of transferable risk to patients. Physical inappropriate conduct
3	Possible	May/has occurred once
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen again

2. CONSEQUENCE (PCR)
Taking account of situation, how severe would the consequence be of such an incident if it were to occur? Apply a score according to the following scale:

Level	Descriptor	Actual or potential impact on individual or risk to others	Actual or potential impact on organisation
5	Catastrophic	Death, suicidal, long term sick. Serious sexual assault impact on staff. Or patient. Grooming/ internet/ digital, long term impact and risk to children	Service closure National adverse publicity, police investigation Reputational damage Safeguarding Section 47 and or practice review.
4	Major	Permanent physical/psychological injury. Transferable risk to patients. Lack of Trust in person or organisation. Unwanted Physical contact. "Sextexting" stalking. Relationship with patient professional conduct.	Reputational damage. Local adverse publicity, possible external police or LADO/ transferable risk meeting. Impact on resourcing services.
3	Moderate	Semi-permanent injury/damage Lack of Trust in person or organisation Impact of Inappropriate conversations or messages. harassment	Investigation Prolonged wellbeing support Needs careful PR
2	Minor	Short term injury/damage	Risk to organisation Wellbeing interventions
1	Insignificant	No injury or adverse outcome	No risk at all to the organisation

Area score	Score	Total score
LIKELIHOOD score		[redacted]
CONSEQUENCE score		
Risk Rating	[redacted]	

RISK LEVEL ESTIMATOR/ RISK RATING (RR)

LIKELIHOOD of Adverse Event Occurring X SEVERITY of Outcome = Risk Rating

Likelihood (PLR) Severity (PSR)	Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Catastrophic 5	25	20	15	10	5
Major 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Minor 2	10	8	6	4	2
Insignificant 1	5	4	3	2	1

RR Score	RISK LEVEL	ACTION AND TIMESCALE
1 - 5	**LOW**	**Provide support for the individual. Continue normal working activity with close monitoring**
6 - 10	**MODERATE**	**Provide support for the individual(s) Consider redeployment to low risk area or work with continuous supervision if appropriate whist investigation undertaken Complete decision paperwork with rationale for redeployment**
11- 25	**UNACCEPTABLE**	**Provide support for the individual(s) Recommend possible suspension pending investigation using Suspension decision paperwork. Directors may in some cases consider an action short of suspension if appropriate.**

Outcome of Risk assessment -Recommendations

Rationale for outcome

Other internal staff currently aware of incident…….

Those external involved or informed/ to be informed (for ESR tracker)
Highlight for ESR/ safeguarding Record

1. Police By who…….
2. LADO By who…….
3. NHSE By who……..
4. CQC By who…….
5. Designate Safeguarding Lead By who……
6. Registrant body By who…….

Alternative duties/suspension consideration completed YES/NO

Joint Assessment made at panel by:

Name	Signature	Position

Further information on additional review

Further information	**Risk rating**	**Date & Sign**

Record must be recorded on ESR tracker
The completed form must be kept in the employees' confidential file and a copy sent to the Head of Safeguarding & Prevent

Resolution Framework

Suspension Assessment Form

Part A Initial Decision

This form should be completed and kept with the LAS Resolution Index Matrix. Or safeguarding &Sexual safety Risk assessment Completion is required whenever suspension is first being considered (usually where the RI score is higher than 25 **or** where the RI is higher than 19 and RI#6 is at level 3 or above or Sexual safety & safeguarding of 11 upwards.

ER Tracker Unique Case number	
Person about whom the concern or complaint is being raised	
Date of assessment (day/month/year)	
Assessment undertaken by	

Nature of Allegations?

Individual Wellbeing factors?

Nature of job duties:

Administration ☐ Patient Contact (Call handling) ☐ Direct Patient facing ☐

Other please state…….

Complete if any considerations applicable to decision;

i.e. risk to patients, access to drugs, financial systems or confidential information

Risks of interference with investigation?

Mild ☐ Moderate ☐ Severe ☐

Alternatives to Suspension – Feasibility and Adequacy

Please note below on whether the alternative listed below is feasible and or whether risk mitigation is adequate

	Feasibility	Adequacy
Behavioural agreement	Yes No	Yes No
	Comments	
Removal of individual Tasks / Duties	Yes No	Yes No
	Comments	
Increased supervision	Yes No	Yes No
	Comments	

Transfer to other duties	Yes No	Yes No
	Comments	
Transfer to alternative locaton	Yes No	Yes No
	Comments	

Other factors not picked up which may impact the need for suspension?

Initial Decision: ……

Completed by: …… Date: ……

SAFEGUARDING CHILDREN / ADULT AT RISK/Sexual Safety - ALLEGATION RISK ASSESSMENT FORM

Initial information obtained

Name of individual | **Designation**

Directorate/ | **Department/Stn**

Nature of Allegations

Type of Abuse alleged

Neglect Emotional Abuse Sexual Abuse Physical Injury Domestic Abuse

Financial Sexual safety Other please state

Any Explanations given?

None, inconsistent explanation, consistent explanation

State none –

Persons present at time of incident
……

Others currently aware of incident, / external

State details Employment Issues

Role in LAS

Administration **Clinical** volunteer other please state…….

Access to Children /Adults at risk (please Tick

Initial action to take to minimise risk

1. LIKELIHOOD (PLR)
Taking account of the situation, how likely is it the individual will harm a patient/ visitor or staff? Score according to the following scale:

Score	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

2. CONSEQUENCE (PCR)

Taking account of situation, how severe would the consequence be of such an incident if it were to occur? Apply a score according to the following scale:

Level	Descriptor	Actual or potential impact on individual	Actual or potential impact on organisation
5	Catastrophic	Death or national adverse publicity	National adverse publicity, possible investigation
4	Major	Permanent physical/psychological injury	Service closure Local adverse publicity, possible external investigation,
3	Moderate	Semi-permanent injury/damage	Needs careful PR
2	Minor	Short term injury/damage	Risk to organisation
1	Insignificant	No injury or adverse outcome	No risk at all to the organisation

Area score	Score	Total score
LIKELIHOOD score		
CONSEQUENCE score		
Risk Rating		

RISK LEVEL ESTIMATOR/ RISK RATING (RR)

LIKELIHOOD of Adverse Event Occurring X SEVERITY of Outcome = Risk Rating

Likelihood (PLR) Severity (PSR)	Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Catastrophic 5	25	20	15	10	5
Major 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Minor 2	10	8	6	4	2
Insignificant 1	5	4	3	2	1

RR Score	RISK LEVEL	ACTION AND TIMESCALE
1 - 5	**LOW**	**Provide support for the individual. Continue normal working activity with close monitoring**
6 - 10	**MODERATE**	**Provide support for the individual(s) Consider redeployment to low risk area or work with continuous supervision if appropriate whist investigation undertaken Complete decision paperwork with rationale for redeployment**
11- 25	**UNACCEPTABLE**	**Provide support for the individual(s) Recommend suspension pending investigation using Suspension decision paperwork. Directors may in some cases consider an action short of suspension if appropriate.**

Feasibility of implementing safeguards: who to take what action

Recommendations

Alternative duties/suspension consideration completed YES/NO

Joint Assessment made at panel by:

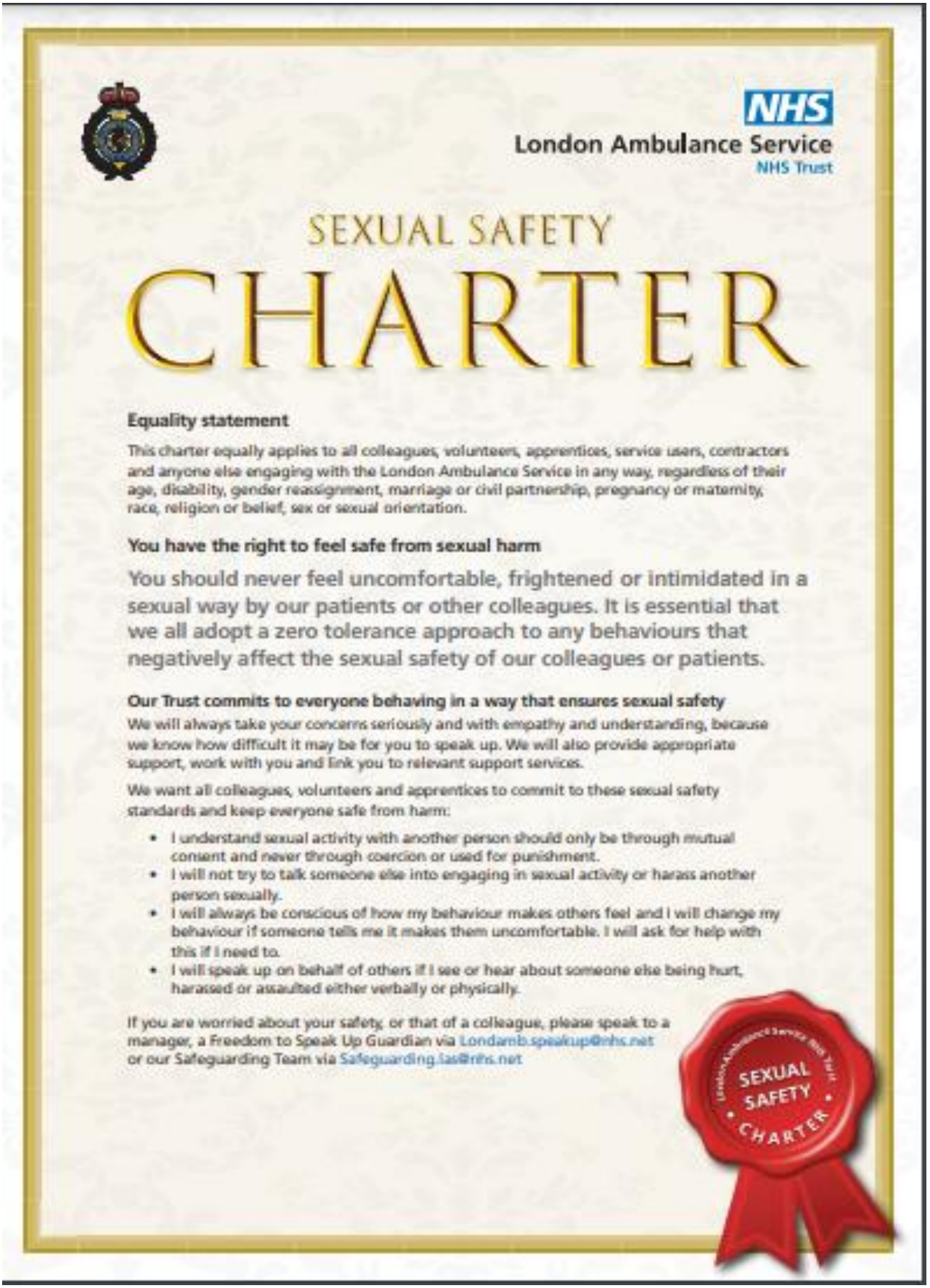
Name	Signature	Position

Further information on review

Further information	Risk rating	Date & Sign

Record must be recorded on ESR tracker
The completed form must be kept in the employees' confidential file and a copy sent to the Head of Safeguarding & Prevent

Appendix 3: Sexual Safety Charter



NHS
London Ambulance Service
NHS Trust

SEXUAL SAFETY
CHARTER

Equality statement

This charter equally applies to all colleagues, volunteers, apprentices, service users, contractors and anyone else engaging with the London Ambulance Service in any way, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

You have the right to feel safe from sexual harm

You should never feel uncomfortable, frightened or intimidated in a sexual way by our patients or other colleagues. It is essential that we all adopt a zero tolerance approach to any behaviours that negatively affect the sexual safety of our colleagues or patients.

Our Trust commits to everyone behaving in a way that ensures sexual safety

We will always take your concerns seriously and with empathy and understanding, because we know how difficult it may be for you to speak up. We will also provide appropriate support, work with you and link you to relevant support services.

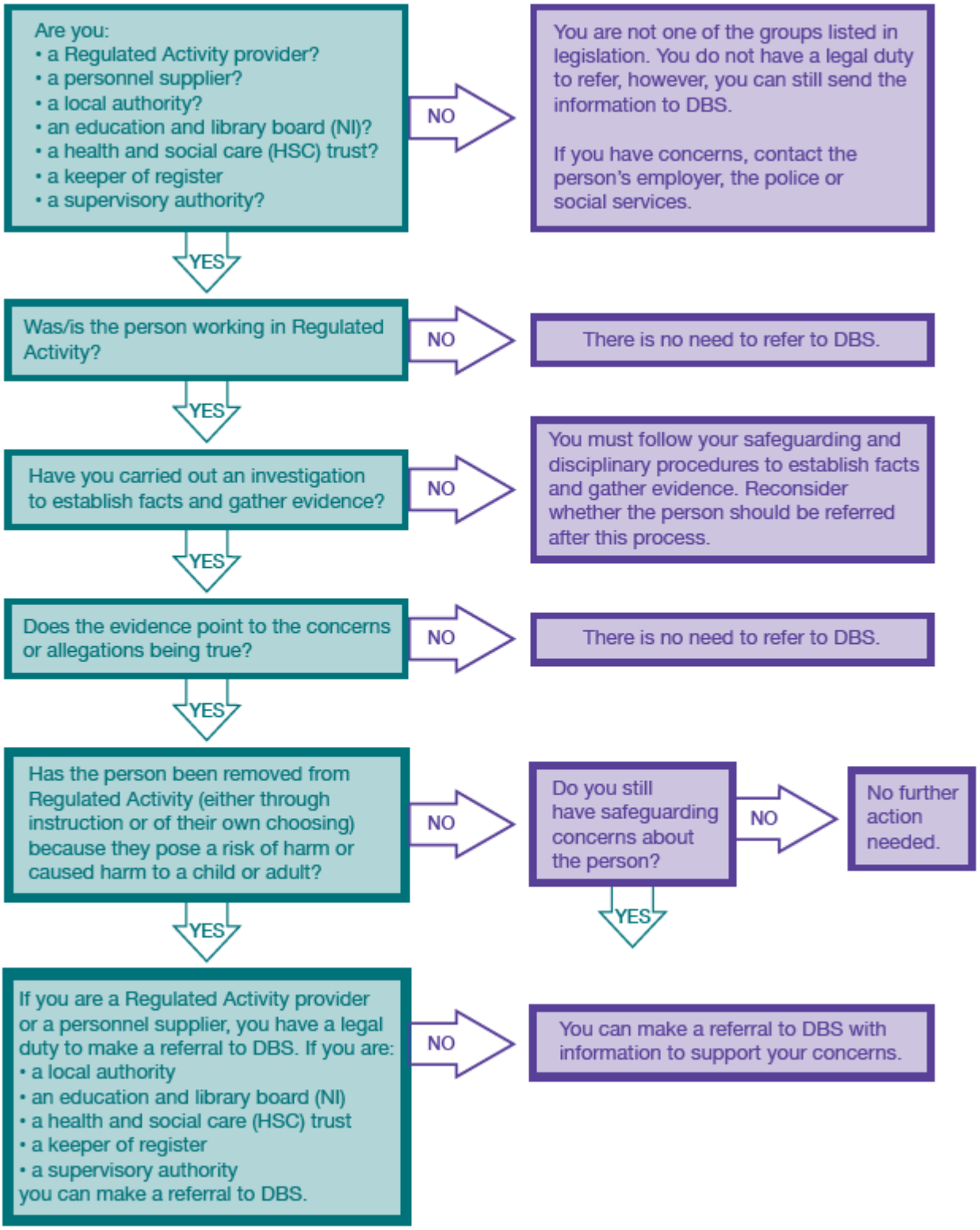
We want all colleagues, volunteers and apprentices to commit to these sexual safety standards and keep everyone safe from harm:

- I understand sexual activity with another person should only be through mutual consent and never through coercion or used for punishment.
- I will not try to talk someone else into engaging in sexual activity or harass another person sexually.
- I will always be conscious of how my behaviour makes others feel and I will change my behaviour if someone tells me it makes them uncomfortable. I will ask for help with this if I need to.
- I will speak up on behalf of others if I see or hear about someone else being hurt, harassed or assaulted either verbally or physically.

If you are worried about your safety, or that of a colleague, please speak to a manager, a Freedom to Speak Up Guardian via Londamb.speakup@nhs.net or our Safeguarding Team via Safeguarding.las@nhs.net

SEXUAL SAFETY CHARTER

Appendix 4: Barring Referral Flow Chart



SOURCE: Disclosure & Barring Service

Appendix 5

Safeguarding Allegations against Staff Frequently Asked Questions

How do I report a concern or an incident?
Everyone in the Trust has a responsibility to speak up and report inappropriate behaviours. We understand that this can be very difficult, and the Trust will make sure you can do so safely and with support.

Allegations come from a number of different sources: staff can confidentially report concerns directly to the Head of Safeguarding & Prevent, to the Freedom to Speak up Guardian, directly to their line manager or another manager or to the People & Culture department. They will then contact the Head of Safeguarding & Prevent who coordinates the initial response to an allegation**.**

What happens when an allegation is made?
The Trust will respond to any complaints swiftly and sensitively, The Head of Safeguarding & Prevent will receive allegations from various routes and will convene a safeguarding allegations panel meeting. This consists of a senior People & Culture (P&C) manager, a senior manager from the relevant area of the trust and the manager who received the allegation.

At this meeting the allegation is risk-assessed and a decision taken on any immediate actions which are required to protect the staff member, the public or the Trust. The risk assessment grading informs on what action should be considered. At the panel it is decided who will undertake what actions.

If the allegation is such that we have a duty to inform and work with the Local Authority Designated Officer (LADO), it is usually the Head of Safeguarding & Prevent who will lead on this.

Likewise, any allegation requiring police to be notified will be agreed by the panel along with consideration about professional bodies and the Disclosure and Barring Service (DBS).
Once the panel has taken initial actions, any subsequent investigation is managed in accordance with the Trust's Resolution Framework Policy. However, this does not need to be re-triaged and the Head of Safeguarding & Prevent will notify the Resolution Hub of cases they have involvement in.

The Trust recognises that all parties involved in a safeguarding concern will require support. Therefore, the panel will also ask for the staff support forms to be completed ensuring that staff have been offered support.

If I am accused, will I be suspended?
Not necessarily. Each case is taken in isolation and is risk-assessed using the agreed Trust risk assessment document. Depending on the outcome of the safeguarding panel risk assessment, you may remain in your current role whilst an investigation takes place, you could be redeployed to another role or suspended whilst an investigation takes place.

What support is given to the complainant or complainee?
Support and advice will be available to all employees involved in a safeguarding concern. If the complainant and complainee are Trust employees, both will be offered support and completion of the staff support form will be undertaken and returned to the Trust's Head of

Employee Relations and Head of Safeguarding & Prevent to be held on file. Support can involve internal and external agencies or materials/app appropriate to the concern. All parties involved will also be encouraged to access the services offered by the Trust's Health and Wellbeing Hub. They provide confidential support, practical information and advice.

Will I be told the outcome of any investigation if I raised the concern?
If you raise a safeguarding concern, you can be assured that the Trust will take it seriously, fully investigate it and take appropriate action. However, due to confidentiality, it is not possible to give you the details of any disciplinary action taken against another employee(s) as a result of your concern.

If it is a criminal offence like sexual or domestic abuse, you should also report these to the police.

What does the Trust having zero tolerance to sexual safety mean?
The sexual harassment of staff by other staff members, members of the public and contractors will not be tolerated. All staff have the right to be treated with respect by the public they provide services to and the colleagues they work with.

The Trust is committed to ensuring the health, safety and wellbeing of all the workforce. It takes its responsibilities to staff very seriously. We want all staff to be able to come to work without fear and we are committed to creating a workplace that promotes dignity and combats prejudice, discrimination and harassment. We will fully investigate an allegation of sexual harassment and appropriate action, including dismissal for serious offences, may be taken against any employee who violates this.

We will work with relevant partner agencies when appropriate to protect staff and seek prosecutions.

The Trust is clear about the behaviours expected in the workplace. All employees should be aware of their own conduct, avoid colluding with inappropriate behaviour and cooperate fully in any complaints procedure. The Trust is committed to improving our culture and sexual safety is very much part of the cultural change the Trust is currently working on.

Am I at greater risk of an allegation from a patient if I am a solo worker?
The evidence suggests no. Anyone can be subject to an allegation at any time.
The important thing is to limit the opportunities for an allegation. The Trust has a chaperone policy that gives ideas for using informal chaperones as witness whilst treating patients. This could be a friend or bystander. Also, as the Trust rolls out body worn cameras, staff should turn these on when they feel it would be useful to reduce the risk of an allegation.

The figures for last year showed that of the 49 allegations, only 5 involved members of the public.
It is important all staff continue to do dynamic risk assessments and utilise a range of options to protect themselves.

Further Reading:

- Safeguarding Allegations against Staff Policy HR039
- Chaperone Policy TP118