



London Ambulance Service **NHS**
NHS Trust

**Policy and Procedure on the Management of Safeguarding Allegations
Against Staff**

DOCUMENT PROFILE and CONTROL

Purpose of the document: This document's purpose is to set out the policy and procedure concerning the management of allegations of concerns raised about employees of the Trust as regards safeguarding issues.

Sponsor Department: People and Culture

Author/Reviewer: Senior HR Manager. To be reviewed by July 2021.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
16/07/18	3.1	IG Manager	Document Profile and Control update
05/06/18	2.3	Senior HR Manager	Minor amendments following comments from Head of Safeguarding & Prevent
10/04/18	2.2	Senior HR Manager	Amendments to job titles and governance arrangements as requested by Chief Quality Officer
24/11/15	2.1	IG Manager	Document Profile and Control update
07/09/15	1.4	Senior HR Manager	Changes as suggested by Director of Nursing and Quality at 4.3 and 6.8
11/08/15	1.3	Senior HR Manager	Changes to 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
18/11/14	1.2	IG Manager	Formatting changes and Document Profile and Control update
13/08/14	1.1	Senior HR Manager	SMT comments
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18/06/14	0.2	Senior HR Manager	Comments of Safeguarding leads.
13/05/14	0.1	Senior HR Manager	Original version

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
HR003	Whistleblowing Policy	
HR021	Disciplinary Policy	
TP018	Safeguarding Children Procedure	
TP019	Safeguarding Adults at Risk Policy	
	Working Together to Safeguard Children 2010.	
	Care Act 2014	
	Managing Safeguarding Allegations Against Staff Policy and Procedure (NHS England)	June 2015

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

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1 Introduction

- 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 (including volunteers) 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 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 be raised via a variety of routes including the Freedom to speak up (Whistleblowing) Policy (HR003).
- 1.3 **'Children'** in the context of safeguarding, is any child or young person up to his or her 18th birthday. An '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 himself or herself against the abuse or neglect or the risk of it (Care Act 2014).
- 1.4 This Policy and Procedure is in line with the statutory guidance contained within Working Together to Safeguard Children (March 2013) and the principles of protection upheld by the Children Act (1989, 2004) as well as the Care Act (2014).
- 1.5 The Service has a legal duty to refer individuals to the Disclosure and Barring Service (DBS) in certain circumstances. This is detailed at Section 6 of this document.

2 Scope

- 2.1 This Policy and Procedure 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.
- 2.2 This Policy and Procedure applies to all employees. It also applies to bank workers and volunteers working for the Trust or someone working for another organisation on the Trust's behalf. Solely for the purpose of this document, these individuals are hereafter referred to as 'employee'.

3 Objectives

- 3.1 To provide guidance in circumstances where allegations or concerns regarding potential abuse have been raised about an employee with a view to ensuring that there is a consistent, transparent and rigorous approach to addressing such allegations. This would apply in situations including where an allegation has been made that an employee has:
- 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 he or she may pose a risk of harm to children or adult at risk.
- 3.2 Examples of this include:
- Having committed a criminal offence against or related to children, young people or adults at risk;
 - Failing to work collaboratively with social care agencies when issues about 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 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 someone closely associated with an employee such as a partner, member of the family or other household member.
- 3.3 To provide guidance to ensure that, when issues are taken forward, the highest priority is given to the protection of the child and/or adult at risk.
- 3.4 To provide guidance to ensure that any such allegations are managed in such a way that both the person who has made an allegation as well as the employee against whom any allegations have been made, are supported and that the appropriate level of confidentiality is maintained.

4 Responsibilities

- 4.1 **The Chief Quality Officer** is the appointed Director with overall responsibility for safeguarding activity in the Trust, including safeguarding allegations made against employees.
- 4.2 **The Head of Safeguarding & Prevent** will be the first contact for managers raising concerns about safeguarding allegations against employees. He or she acts under delegated authority from the Chief

Quality Officer and will escalate any matters of concern to the Chief Quality Officer as appropriate.

- 4.3 **Managers** are responsible for informing and liaising with, the Head of Safeguarding & Prevent. In the absence of the Head of Safeguarding & Prevent the Chief Quality Officer must be contacted directly.
- 4.4 The manager is also responsible for commissioning any investigation, monitoring its progress and for taking action in circumstances of delay etc.
- 4.5 **Investigating Manager/HR support** – in the event that an investigation is launched into the allegations then the investigating manager, in liaison with her/his HR support is responsible to updating the senior manager who has commissioned the investigation who in turn will liaise with the Head of Safeguarding & Prevent.
- 4.6 **All employees** have a duty to help safeguard children and adults at risk by reporting concerns or allegations concerning possible abuse by a colleague to a manager and to fully cooperate with any subsequent investigation. They also have a responsibility to refer themselves to their professional registration body e.g. the Health and Care Professions Council when appropriate.

5 Procedure

5.1 Reporting

- 5.2 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 Procedure (TP018) and Safeguarding Adults at Risk Policy (TP019) must also 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.

5.3 Contacting the Head of Safeguarding & Prevent and onward referral

- 5.4 Any manager on receipt of an allegation concerning possible abuse towards a child or adult at risk must, in addition to informing his or her senior manager, contact the Head of Safeguarding & Prevent (working under delegated authority from the Chief Quality Officer) and inform him or her accordingly. In the absence of the Head of Safeguarding & Prevent the Chief Quality Officer must be contacted directly.
- 5.5 Whilst this policy and procedure primarily concerns itself with safeguarding allegations *against* employees, managers may also raise queries with the Head of Safeguarding & Prevent of 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.

- 5.6 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;
 - Agree the format of any investigation with the Senior Line Manager including identifying a manager to carry out the investigation;
- 5.7 The Head of Safeguarding & Prevent will record non-identifiable information on the Datix system to notify the National Reporting Learning System (NRLS). A full record of the allegation will be held securely by the Head of Safeguarding & Prevent.
- 5.8 In circumstances when the Head of Safeguarding & Prevent is not available then the Chief Quality Officer must be contacted.
- 5.9 **Investigation of any allegations**
- 5.10 Confidentiality and sensitivity
- 5.11 Confidentiality is fundamental to any investigation but particularly so in the case of safeguarding allegations. Similarly, due sensitivity needs to be practised when dealing with all concerned, including the individual against whom any allegations have been made.
- 5.12 Initial fact-finding
- 5.13 Any investigation needs to be approached in an open and non-judgemental manner and in general will require initial fact-finding – this may involve discussions/interviews with any individual(s) who is alleged to be involved and/or any witnesses. The fact-finding may also involve a documentary review.
- 5.14 Appropriate liaison must take place with Police and Social Services (and other agencies if necessary) prior to any internal investigation so as not to affect, for example, any criminal investigation or proceedings.
- 5.15 Allegations against an employee may have been raised by a colleague or someone external to the Trust - for example a patient. Care should

be taken to ensure that those who have made any such allegation are properly supported.

- 5.16 Once the fact-finding is complete then the investigating manager should consider whether or not further investigation is necessary.
- 5.17 If the investigation manager concludes that the matter does not require full investigation then that should be communicated (including any relevant documentation) to the Senior Manager who has commissioned the investigation who will liaise with the Head of Safeguarding & Prevent.
- 5.18 All investigations should be recorded by HR on the relevant database in the usual way, including that it is potentially an issue of safeguarding.
- 5.19 If the matter does not proceed to formal investigation then the employee should be informed accordingly. In such circumstances there may-or-may-not be a requirement for formal feedback to, and discussion with the individual concerning how he or she may work differently in future.
- 5.20 Further investigation
- 5.21 In circumstances when further investigation is required then this should be carried out under the provisions of the Trust's Disciplinary Policy.
- 5.22 All relevant advice contained within the Disciplinary Policy should be followed, in particular that pertaining to the following:
- Evidence – as with any investigation it is essential to gather any evidence and to record and to secure any interview notes etc. This is particularly important in safeguarding cases given that a criminal investigation may also take place;
 - Suspension from duty - consideration should be given as to whether it is appropriate that the employee be suspended from duty;
 - Support – consideration needs to be given to the support of the individual against whom the allegation has been made, including providing a Staff Liaison Officer if a decision is made to suspend the employee from duty. As stated above, consideration of support for the individual(s) who has made the allegations should be considered;
 - Confidentiality – confidentiality should be maintained in any investigation. Given the particularly sensitive nature of safeguarding allegations, every effort must be made to share information strictly on a 'need to know' basis;

- Liaison with Police/Social Services – whilst the Trust will generally try to complete any investigation as soon as possible, care should be taken to liaise with the Police in order to ensure a common understanding of how internal Trust and external Police investigations may interact.
- Consideration of evidence – investigating managers should be aware of, and consider as necessary the different tests that are applied to evidence in criminal and employment matters, respectively ‘beyond reasonable doubt’ and the ‘balance of probabilities’.

5.23 Further information on all the above is contained in the Disciplinary Policy <https://thepulseweb.lond-amb.nhs.uk/policies-procedures/human-resources-policies/>

5.24 Evidence from children/ adults at risk

5.25 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 may be sought in such circumstances as well as from the Police or Social Services.

5.26 Investigation outcome

5.27 As with any investigation, recommendations following the investigation will be reported to the Senior Manager who commissioned the investigation who will consider the investigating manager’s report.

5.28 The decision on whether or not to accept the investigating manager’s recommendations and how to subsequently proceed with the matter will rest with that Senior Manager who will in turn communicate this decision to the Head of Safeguarding & Prevent.

5.29 Whatever the outcome of the investigation, all documentation regarding the investigation will be maintained confidentially on the employee’s HR file.

6 **Other matters**

6.1 Notification of external agencies

6.2 The Head of Safeguarding & Prevent will contact the Local Authority Designated Officer (LADO) or Safeguarding Adult Manager. All Local Authorities have a (LADO) who works within Children’s Services and must be alerted to all cases (from within any agency) 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 is unsuitable to work with children.

- 6.3 The Head of Safeguarding & Prevent has responsibility to advise on the appropriateness of a referral to the Disclosure and Barring Service (DBS).
- 6.4 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
 - Received a caution or conviction for a relevant offence.
- 6.5 Further information, including definitions of the above listed bullet points, are available at:
<https://www.gov.uk/government/organisations/disclosure-and-barring-service>
- 6.6 In cases where it is decided that it is appropriate to do so then HR will refer the individual to the DBS. It should be noted that the DBS do not have investigatory powers so should be provided with copies of all relevant documentation.
- 6.7 The Health and Care Professions Council (HCPC) have to be notified in regards to issues of misconduct concerning Paramedics. Whilst it is a Paramedic's own responsibility to refer him or herself in such cases, the Trust has a responsibility to carry out such a referral when they believe that the employee may not have done so. HR will carry out any such referral. Further details are included in the Trust's Disciplinary Policy and at the HCPC website www.hpc-uk.org
- 6.8 A referral to alternative regulatory bodies may be necessary depending upon the registration of the individual. Key professional bodies that represent other employee groups include the Nursing and Midwifery Council to whom referrals may be made via their website <http://www.nmc.org.uk/> and the General Medical Council at <http://www.gmc-uk.org/> - HR will carry out any such referral.
- 6.9 Any decision to refer to an external organisation e.g. DBS and/or a professional body, must not be affected by whether or not the employee in question remains in employment with the LAS at the point of referral.
- 6.10 Employees with second jobs
- 6.11 Some employees may have a second job alongside their LAS position. The advice of the Head of Safeguarding & Prevent should be sought regarding as to whether to inform the other employer and if so, the appropriate point at which to do this.
- 6.12 Resignation of the individual against whom the allegations have been made

- 6.13 Any investigation concerning safeguarding issues will continue irrespective of whether the individual refuses to cooperate or if he or she resigns from the Trust and a report providing including conclusions and recommendations will be produced.
- 6.14 Compromise agreements
- 6.15 Compromise agreements (i.e. when an individual agrees to resign and the wording of a future reference is agreed) must never be agreed in circumstances where safeguarding allegations have been made.
- 6.16 Employees working on behalf of the Trust and employed by other agencies
- 6.17 Whilst the investigation of these individuals may be carried out by the individual's own employer, the Head of Safeguarding & Prevent will monitor any such investigation and will be notified of the outcome.
- 6.18 Seconded employees
- 6.19 If a safeguarding concern arises concerning an employee who is either seconded to another organisation or has been seconded into the Trust, 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 necessary referral to outside agencies.
- 6.20 Governance of safeguarding allegations against employees
- 6.21 The Head of Safeguarding & Prevent will monitor all reported safeguarding cases concerning employees and will liaise as necessary with the nominated representative from the People and Culture Directorate regarding progress of individual cases. Any concerns regarding individual cases will be escalated to the Chief Quality Officer.
- 6.22 Anonymised reports concerning investigations will be presented and reviewed the each meeting of the Safeguarding Assurance Group.
- 6.23 All safeguarding allegations will be recorded on Datix to enable notification to the NRLS.
- 6.24 A regular meeting will be held with the Chief Quality Officer, 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.

IMPLEMENTATION PLAN				
Intended Audience	All employees. Bank workers. Volunteers.			
Dissemination	Available to all on the Pulse and public via LAS website.			
Communications	Policy and Procedure to be announced in the Rib and link provided to document.			
Training	All employees required to undertake mandatory safeguarding training.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Numbers of employees referred to Head of Safeguarding	Records of Head of Safeguarding	Head of Safeguarding under delegated authority from Chief Quality Officer. Safeguarding Assurance Group	Safeguarding Assurance Group.	Feedback as necessary from Chief Quality Officer

Checklist - Allegations regarding safeguarding is made against an employee (to be read in conjunction with policy).

- 1 A manager on receiving any allegation against employees concerning safeguarding must inform their senior manager and the Head of Safeguarding & Prevent. In the absence of the Head of Safeguarding the Chief Quality Officer must be contacted directly. An investigating manager will be appointed by the Senior Manager.
- 2 The investigating manager with HR support should carry out initial fact finding and if appropriate carry out full investigate the issue in line with the Disciplinary Policy (this may involve liaison with the Police (see Policy for more details);
- 3 The HR manager will record that the matter potentially relates to safeguarding as part of the record on the capability, disciplinary etc. database.
- 4 The investigating manager, in liaison with the Senior Manager, should keep the Head of Safeguarding & Prevent updated with progress of investigation;
- 5 The investigating manager should report the recommendations arising out of the investigation to the senior manager who has commissioned the investigation in the usual way and the senior manager will inform the Head of Safeguarding & Prevent as regards his/her decision on any recommendations e.g. whether or not the matter will be considered at a disciplinary hearing..
- 6 The Head of Safeguarding & Prevent will:
 - 6..1 Keep a record of allegation reported and advice given;
 - 6..2 Consider if the matter is one of safeguarding and if so report to Local Authority Designated Officer (LADO)/Safeguarding Adults Manager (SAM);
 - 6..3 Confirm with LADO/SAM the outcome of the investigation/subsequent actions taken by the Trust;
 - 6..4 To ensure Trust reports to DBS and professional body e.g. HCPC, GMC as appropriate – these referrals will be carried out by HR.