

MANAGING ALLEGATIONS AGAINST STAFF/VOLUNTEERS IN RELATION TO SAFEGUARDING CHILDREN, YOUNG PEOPLE & ADULTS POLICY	Policy Register No: 10118 Status: Public
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Developed in response to:	Children Act, 1989 Children Act, 2004 Common Core of Skills and Knowledge for the Children's Workforce (2005) Southend, Essex, Thurrock Child Protection Procedures, (January 2018) ESAB Southend, Essex, Thurrock Safeguarding Adult Guidelines Version 4.2 (March 2017) Working Together to Safeguard Children (2018) SET Procedures - Essex Safeguarding Children Board (2017) HM Government Statement of Government policy on Adult safeguarding
CQC Fundamental Standards:	

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1.0 Purpose

1.1 The aim of this policy is to provide staff in Mid Essex Hospital Services Trust with information so that they may fulfil their statutory duties to safeguard and protect children and young people & adults at risk by ensuring:

- Allegations made against staff are reported to the Named Senior officer; within the Trust this is the Executive Lead for safeguarding who is the Chief Nurse.
- The Named Senior Officer will inform the Local Authority Designated Officer (LADO) within one working day of the allegation being notified in respect of children.
- The Designated Senior officer will work collaboratively with agencies and take appropriate action as agreed
- Consideration will be given in regard to Disciplinary Procedures which may include suspension, referral to the Disclosure and Barring service (DBS) even if the allegation is not considered sufficiently harmful under child protection procedure or safeguarding adult guidelines.

2.0 Introduction

2.1 The Trust is required to fulfil the legal duty under the Children Act 2014 and statutory responsibilities set out in Working Together to Safeguard Children (2015) in relation to safer recruitment. We are also required to fulfil our obligations to report to the Disclosure and Barring Service following the Protection of Freedoms Act 2012.

2.2 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. It states that all organisations that provide services for children and young people up to the age of eighteen years should operate a procedure for handling allegations of abuse or maltreatment against staff and have a Senior Officer responsible for managing allegations.

2.3 All staff working with children, young people and adults at risk have a responsibility to maintain public confidence in their ability to safeguard their welfare. They should adopt high standards of personal conduct in order to maintain the confidence of children, young people and adults at risk as well as their peers and the public in general.

2.4 Whilst this policy is written with a bias for those working with children it is transferable to those working with adults at risk.

2.5 Chapter 2 Section 4 of Working Together to Safeguard Children 2015 refers to Section 11 requirements as to the actions required when an allegation, complaint or concern of abuse is made against a person who works or volunteers with children. It states that there should be clear policies in line with those from the Local Safeguarding Children Board for managing allegations against staff who work with children. This policy applies to all staff including temporary or voluntary staff, working for the trust when it is alleged that they have

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

- 2.6 Southend Essex Thurrock Child Protection Procedures (2017) states: An allegation may require consideration from any of the following four inter-related perspectives:
- Child protection enquiries by Children’s Social Care
 - Criminal investigation by the Police
 - Staff disciplinary procedures of employing agency
 - Complaint procedures of employing agency
- 2.7 The Disclosure and Barring Service (DBS) are concerned with relevant conduct; in practice this refers to conduct which:
- Endangers a child/adult at risk or is likely to endanger a child/adult at risk
 - If repeated against or in relation to a child/adult at risk, would endanger a child/adult at risk or would be likely to endanger them
 - Involves sexual material relating to children (including possession of such material)
 - Involves sexually explicit images depicting violence against a person (including possession of such images),
 - Is of a sexual nature involving a child/adult at risk
- 2.8 A person’s conduct endangers a child/adult at risk if they:
- Harm a child/adult at risk
 - Cause a child/adult at risk to be harmed
 - Put a child/adult at risk at risk of harm
 - Attempt to harm a child/adult at risk
 - Incite another to harm a child/adult at risk
- 2.9 A person’s conduct endangers a ‘Adults at Risk’ if they:
- Harm a vulnerable adult,
 - Cause a vulnerable adult to be harmed,
 - Put a vulnerable adult at risk of harm,
 - Attempt to harm a vulnerable adult, or
 - Incite another to harm a vulnerable adult
- 2.10 This guidance is to be used in conjunction with:
- Southend, Essex, Thurrock (SET) Child Protection Procedures 2017
www.escb.co.uk/Portals/67/SET_Procedures-April_2017
 - Southend, Essex, Thurrock (SET) Safeguarding Adult Guidelines, version 4.2 March 2017.
www.safeguardingsouthend.co.uk/pdfs/SETSafeguarding
 - Working Together to Safeguard Children (2018)
<http://www.workingtogetheronline.co.uk/index.htm>
 - Mid Essex Hospital Safeguarding Policies for Children, Young People and Adults
 - NICE clinical guideline 89 When to suspect child maltreatment
<http://www.nice.org.uk/nicemedia/pdf/CG89NICEGuideline.pdf>

- Disciplinary Policy
- Whistleblowing Policy
- Disclosure and Barring Service
<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>
- Any other National and local Safeguarding guidance or procedures as they emerge

3.0 Scope

3.1 This procedure applies to all staff and volunteers working directly or indirectly with children between the ages of 0-18 years and adults at risk, it is not limited to allegations involving 'significant harm'/'risk of significant harm'. It will be applied whenever it is alleged a person who works with children or adults at risk has in any activity connected with her/his employment, personal life or voluntary activity:

- Behaved in a way that has or may have harmed a child/adult at risk
- Possibly committed a criminal offence against and /or related to a child/adult at risk
- Behaved towards a child/adult at risk which indicates s/he is unsuitable to work with children/adults at risk

3.2 This procedure applies to situations when:

- There are suspicions or allegations of abuse by a person who works with children/adults at risk in either a paid or unpaid capacity - as a permanent, temporary or agency staff member, contract worker, consultant or volunteer.
- It is discovered that an individual known to have been involved previously in child abuse, is or has been working with children.

3.3 If concerns arise about an individual's behaviour towards her/his own children, the Police and/or Children's Social Care must consider informing the Trust in order to assess whether there may be implications for children with whom the individual has contact at work. The decision whether the Trust should be approached, either for further information and/or whether it is appropriate to invite a representative from the Trust, e.g. the Named Senior Officer (NSO) to a future strategy meeting when decisions are made about managing the possible risk, should be made at the initial strategy meeting when all the agencies can contribute. The risk that someone presents needs to be properly considered and a decision made as to whether the risk outweighs the employee's right to confidentiality before the Trust is approached.

3.4 If an allegation relating to a child is made about a person undertaking paid or unpaid care of vulnerable adults, consideration must also be given to the need to alert the Trust in accordance with the need to safeguarding adults at risk.

3.5 The Children Act 1989/2004 states a child is anyone who has not yet reached their 18th birthday. 'Children' therefore in most documentation means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in

hospital, in prison or in a Young Offenders Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

3.6 Adult at risk

3.6.1 Under the Care Act, the definition of an adult at risk is:

It is a person over 18 who; “Has needs for care and support, and 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 abuse” (Care Act April 2014).

3.6.2 Staff addressing an allegation must refer to the adult safeguarding policy in order to determine whether a SET SAF is indicated. Staff must refer to the safeguarding adults best practice matrix (attached) and conclude whether a referral to the police is indicated.

4.0 Responsibilities

4.1 Chief Executive Officer

The Chief Executive Officer is ultimately responsible for supporting the policies and procedures in managing allegations about staff. In the event of media interest this would be managed under his/her direction.

4.2 Local Authority Designated Officer – for safeguarding children

The role of the Local Authority Designated Officer (LADO) is to

- Provide advice and guidance to the Trust
- Liaise with Police and other agencies
- Monitor the progress of cases
- They can be contacted on 03330139 797

4.3 The Named Senior Officer

The Named Senior Officer is responsible for ensuring that

- The Trust has procedures in place in accordance with the ESCB SET Child protection procedures, Working Together (2015), Section 11 of the Children Act (2004) and SET Safeguarding Adult Guidelines (2014)
- There are processes in place to resolve any inter-agency issues
- There is effective liaison with the Local Authority Designated Officer
- In addition they will oversee the management of individual cases of allegation under this procedure

4.4 Director of Nursing

The Director of Nursing, as the Executive Lead for Safeguarding Children, Young People and adults at risk is responsible for ensuring that outcome 7 of the Essential Standards of Quality and Care pertaining to safeguarding is maintained. Within MEHT the role of the Named Senior officer is held by the Director of Nursing.

4.5 Clinical Directors & Matrons

Clinical Directors & Matrons have overall responsibility to ensure that staff members within their directorate are aware of the procedure and are confident in their ability to expedite this as required. They also have responsibility to ensure that the appropriate management support is given to their staff members if allegations are made against them.

4.6 **Safeguarding Team**

It is the responsibility of the safeguarding team to ensure that the guidance for managing allegations against staff members/volunteers is established and widely disseminated. It is also the responsibility of the safeguarding team to address such guidance in safeguarding children and adult training and offer a supportive service when concerns of this nature arise.

4.7 **Human Resources**

It is the responsibility of the designated Human Resources Manager to provide advice on the management of staff/volunteers who have had allegations made against them. This may include providing advice on disciplinary processes as well as supportive measures available for the member of staff/volunteer concerned.

4.8 **Trust Staff**

All trust staff are responsible for ensuring that the safety of Children, Adults and Young people is maintained and that they are aware of the process for safeguarding both Children and Adults in the event of allegations against a staff member/volunteer. Any member of staff who is aware of an allegation of concerns in relation to safeguarding children or a vulnerable adult by a member of Trust staff has a duty to report it to the line manager of that employee.

5.0 **Procedure**

- 5.1 If a child or adult makes an allegation of abuse against a member of staff both criminal and an internal investigation will be initiated; whilst the investigations will be independent, the criminal investigation will inform the outcome of any internal processes. It must be noted that this will apply whether or not the child or adult at risk is known to the Trust. The Director of Nursing will consider in conjunction with the Human Resources manager what immediate action will be required; this may include suspension of the person against who the allegation has been made.
- 5.2 With the increasing vigilance upon Internet sites by the Police, there is an increased possibility of an employee may be found accessing inappropriate sites. The same process is involved for Internet abuse as described above but staff may not be aware of any suspicions until contacted by the Police.
- 5.3 Cases of historical abuse will be investigated in the same way as described above.
- 5.4 Procedure diagrams attached at Appendix 1 and 2
- 5.5 The Named Senior Officer will work closely with the Essex Safeguarding Service Local Authority Designated Officer (LADO) and the Child Abuse Investigation Team (CAIT) or other police investigation units to ensure that any allegation of abuse is dealt with fairly, quickly and consistently to provide effective protection for the child/adult at risk and at the same time provide support to the member of staff subject to the allegation.
- An allegation may require consideration from any of the following inter-related perspectives
- Child protection enquiries by Children's Social Care
 - Criminal Investigation by the Police
 - Staff disciplinary procedures
 - Complaints procedures

6.0 Confidentiality and Information

- 6.1 Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. However, the law permits the disclosure of confidential information necessary to safeguard a child or children because the public interest in child protection is likely to override the public interest in maintaining confidentiality.
- 6.2 Reference should be made to the following documentation:
- SET Procedures (2017)
 - SET Safeguarding Adult Guidelines (2014)
 - Sharing Patient Information Policy (Register no 07026)
 - Trust Safeguarding Children and Young People Policy (Register no 04064)
 - Trust Safeguarding Adult Policy (Register no 08034)
 - Confidentiality Policy
 - The Data Protection Act Principles.
 - Guidance from relevant professional bodies i.e. GMC, NMC
- 6.3 Information about the allegation must be restricted to those who have a need to know in order to protect children or adults at risk, facilitate enquiries and manage the disciplinary/complaints process.

7.0 Reporting Allegations

- 7.1 Any member of staff who becomes aware of a concern about any allegation of abuse in relation to safeguarding children or adults at risk by an employee of MEHT must report it to the line manager of that employee. Any allegation against a Director must be reported to the Chief Executive officer, if the allegation is against the CEO then this must be reported to the Chairman of the Board. In the event that the allegation is reported "out of hours" then this must be reported to the On Call manager.
- 7.2 The Line Manager must take advice from the dedicated Human Resources Manager and report any allegations to the Named Senior Officer for MEHT or their deputy at the earliest opportunity (the recipient of the allegation must not try to unilaterally determine the validity of the allegation). The manager should not investigate nor promise confidentiality to the reporter; information will be shared on a "needs to know" basis
- 7.3 Advice may be sought from the Named Safeguarding professionals within the Trust
- 7.4 A record of the allegation must be made by the line manager and Named Senior Officer noting the time, date, signature and name in capitals (or name stamp).
- 7.5 The Named Senior Officer must inform the Local Authority Designated Officer of all cases that meet the criteria in section 3.1 within one working day so that consultation with or referral to the CAIT/ Children's Social Care can take place as appropriate. This may be delegated to the Named professionals for Safeguarding.
- 7.6 The Named Senior Officer and Local Authority Designated Officer will decide when to inform the member of staff subject to the allegation, and should advise the relevant

line manager to do so. This should be as soon as possible but must take into account the need to secure any evidence.

- 7.7 Any member of staff who believes the allegation or suspicion is not being investigated according to policy then they have a responsibility to report this to a higher level within the Trust.
- 7.8 The Whistleblowing policy can be used in conjunction with this policy to raise concerns.
- 7.9 Procedures need to be applied with sound judgment; an immediate referral to social care may be required to the police and social care.
- 7.10 In all circumstances pertaining to allegations against staff members, contractors or volunteers a risk event form must be completed. The possibility that this may constitute a serious incident must be considered.

8.0 Managing Allegations

- 8.1 The Named Senior Officer will be responsible for sharing relevant information on an on-going basis about the allegation, child and accused member of staff with other relevant agencies involved.
- 8.2 A Management planning meeting should be arranged within 3 working days of receipt of the allegation by the Local Authority Designated Officer for children with attendance as necessary by the Police, Social Care Manager and the Named Senior Officer. Additional members are likely to include the Senior Human Resources manager and Named Safeguarding professionals.
- 8.3 The planning meeting will agree the course of action needed to be taken by each agency to protect and support the child/adult at risk and the action to be taken about the member of staff. The planning meeting will agree how to co-ordinate the action of the agencies.
- 8.4 The Named Senior Officer and the dedicated HR Manager will inform the member of staff about the allegation following the management planning meeting. If the person is a member of a trade union or professional association s/he should be advised to seek support from that organisation.
- 8.5 The planning meeting should set a review date within one month of the referral being received with a view to concluding the enquiry as soon as possible.
- 8.6 The Named Senior Manager will agree who will maintain contact with the staff member: a referral to Occupational health or the Staff Counselling service for the staff member must be considered. It is also required that the employee will be:
- Treated fairly and honestly
 - Supported to understand the processes involved
 - Informed of the potential outcomes of the investigation

9.0 Action by the organisation as the Employer (Disciplinary Action)

- 9.1 The position of the Trust as the employer when there are allegations of abuse concerning children or adults at risk by one or more members of staff is complex and needs to balance:
- The privacy of a police or external local authority led child protection inquiry
 - The rights of the accused employees under employment law
 - The reputation of the organisation in the eyes of the public
- 9.2 When the concerns are such that the allegation may affect the continuing employment of the individual the Trust will implement the Disciplinary and/or Capability policy.
- 9.3 The protection of the children or adult at risk must be ensured both within the workplace and those that the staff member is in contact with outside the trust.
- 9.4 A decision will be made by the Named Senior Officer and HR whether the staff member should be temporarily redeployed or excluded from the work area in conjunction with the LADO and Police; paid leave of absence, mutual agreement to refrain from work or alternative duties/locations may be considered as the preferred option.
- 9.5 If exclusion is considered necessary, the decision will be made by the Named Senior office following consultation with the Police and the LADO.
- 9.6 The notes following any meetings should be circulated by the chair to all participants.
- 9.7 A criminal investigation by the police or local authority inquiry has primacy. The Trust will consider the implications for an employee of the outcome of such an inquiry under its Disciplinary Policy and Procedures and/or Capability Policy. In circumstances where Police or Social care decides not to continue their enquiry the Trust may consider action is required under the Capability Policy.
- 9.8 Any action by the organisation as an employer will be taken on the basis of decisions agreed at the joint planning meetings with the Police, Social Care and the LADO.
- 9.9 It may be necessary to consider suspending an employee who is subject to a police or social care enquiries or during the course of the internal Trust investigations; any such decision would be taken by the Named Senior officer in conjunction with the dedicated Human Resources Manager.
- 9.10 The Trust must wait for the conclusion of any enquiries by the Police and/or Social care before taking action to re-instate or exclude the member of staff.

10.0 Resignations and Compromise Agreements

- 10.1 All allegations should be followed up regardless of whether the person involved resigns from her/his post, responsibilities or a position of trust, even if the person refuses to co-operate with the process.
- 10.2 'Compromise agreements' which is when a person agrees to resign without any disciplinary action being taken and both parties agree the reference to be used in the future, must not be used in these cases (according to para.8 appendix 5 Working Together To Safeguard Children 2015).

10.3 A referral to the Disclosure and Barring Service (DBS) must be made when an employer or volunteer co-ordinator withdraws permission for an individual to engage in work or would have done so had that individual not resigned, retired or been made redundant, or been transferred into another position.

11.0 Outcomes of an Allegation

11.1 There are four possible outcomes of an allegation

- The child or adult is suffering or at risk of suffering significant harm
- A criminal offence has been committed which may lead to a Criminal prosecution or formal caution
- The allegation may highlight inappropriate behaviour or poor practice by the member of staff
- The allegation may be unfounded

11.2 The Police or Social Care will inform the Trust and the LADO when a criminal investigation and subsequent trial is complete or if it is decided to close the investigation without charge or not to prosecute after the person has been charged. The LADO for children will discuss with the Trust's Designated Officer and HR whether further action is appropriate, and if so how to proceed. The Range of options open depends upon the circumstances of the case and the consideration needs to take into account the result of the Police investigation or trial as well as the different standard of proof required.

11.3 If the allegation is substantiated and the employee is dismissed or resigns the LADO should discuss with the Trust's Designated Senior Manager whether a referral to the Protection of Children Act List or Protection of Vulnerable Adult list is required along with the professional body or regulator.

11.4 If it is decided that a member of staff who has been temporarily redeployed or excluded can return to their substantive post, the Trust's Named Senior Officer, together with HR, should consider how best to facilitate this. Most staff will benefit from help and support to return to work after a very stressful experience. A phased return and/or the provision of a mentor may be appropriate. It should also be considered how the employee's contact with the child/adult at risk who made the allegation can best be managed.

11.5 If an allegation is determined to be unfounded the Trust should refer the matter to Social Care to determine whether the child/adult at risk concerned is in need of services or may have been abused by someone else. In the rare event that the allegation is shown to be deliberately invented or malicious, the Police should be asked to consider whether any action may be appropriate against the person responsible.

11.6 On the conclusion of any investigation and any related disciplinary proceedings, the child or children/adult at risk who made the allegations and their parents should be informed of the outcome of the investigation, e.g. whether or not action has been taken. If disciplinary action has been taken the details of this cannot be disclosed. This should be prior to the employee's return to work if s/he has been temporarily redeployed or excluded from the workplace. The details of this can be agreed at the final reconvened management planning meeting if one is held and, if not, with the LADO. In some circumstances, consideration should be given to the broader

disclosure of certain information, for example, where the issues are of general importance, have become common knowledge or have been the subject of general gossip. The LADO for child cases may be able to offer appropriate advice.

- 11.7 Appropriate counselling and support should be offered to the child (ren)/adult at risk who made the allegations and, where appropriate, their parents, before the member of staff return to work. In particular, this should take into account a child's particular needs where a false or malicious allegation has been made. The details of this can be agreed at the final strategy meeting if one is held, and if not, with the LADO.

12.0 Referral to Regulatory Bodies

- 12.1 At the conclusion of the investigation, the Trust will consider in conjunction with the police, social care and the LADO if a referral to the employees regulatory body is required such as the General Medical Council, Nursing and Midwifery Council, Health Professions Council, or to make a referral under the Protection of Children Act, Safeguarding Vulnerable Groups Act or their successors to the DBS.

- 12.2 If a member of staff is dismissed, or resigns before the disciplinary process can be completed, s/he will be informed of the Trust's statutory duty to report the case to the relevant Registering Body, e.g. Nursing and Midwifery Council, HPC, General Medical Council. If a referral is appropriate, the report should be made within one month.

13.0 Unfounded allegations

- 13.1 If the allegation is determined to be unfounded the Named Senior Officer together with other agencies should consider:
- Referring the matter to Children's Social Care/Adult Social Care to determine if the child or adult at risk is otherwise in need or may have been abused by someone else
 - Asking Police what action may be required in the rare event that the allegation was deliberately invented or malicious
- 13.2 The member of staff subject to the allegation will be informed by the Named Senior Officer or the HR manager of any final outcome

14.0 Record Keeping

- 14.1 The notes will be retained by the Human Resources Department.
- 14.2 A clear and comprehensive summary of any allegations made, details of how the allegations were followed up and resolved, and of any action taken and decisions reached must be retained by the HR department.
- 14.3 The record should be retained on file, including for people who leave the Trust, at least until the individual concerned reaches normal retirement age, or for a period of ten years from the date of the allegation if this is longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future CRB Disclosure reveals information from the Police that an allegation was made but did not result in a prosecution or conviction.

14.4 This record will enable accurate information to be provided in response to future requests for references, provide clarification in cases where a future CRB disclosure reveals information of an allegation that did not result in a criminal conviction and prevent unnecessary re-investigation if an allegation re-surfaces in the future

15.0 Allegations against Staff in their Personal Lives

15.1 If an allegation or concern arises about a member of staff, outside of their work with Children/adults at risk and this may present a risk of harm to child/ren/adults at risk for whom the member of staff is responsible; the general principles outlined in these procedures will still apply.

15.2 The management planning meeting / discussion should decide whether the concern justifies:

- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm; and / or
- Inviting the employer to a further strategy meeting / discussion about dealing with the possible risk of harm.

15.3 If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint strategy meeting / discussion convened.

15.4 In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren/adults at risk for whom the member of staff is responsible. In these circumstances, a strategy meeting / discussion should be convened to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren/adults at risk;
- Whether measures need to be put in place to ensure their protection;
- Whether the role of the member of staff is compromised.

15.5 On occasion, some abuse/neglect cases involve both children's and adults' services and therefore it is important for Children's services to have 'ONE' link in Adult Safeguards and vice versa. This is where the LADO role for children comes in for an initial point of contact for advice, rather than workers having to find out which Safeguards Consultant covers which area etc.

15.6 Other LADO involvement might be if Children's services require an Adult's consultant to attend a meeting for 'expert' advice where a case may involve risks that overlap children's and adults or where a child may still be at risk once they turn 18 years of age.

15.7 Sometimes Children's services will have a concern that an adult implicated in child abuse allegations or investigations may be a risk to adults at risk as well as children. For example, if the alleged perpetrator works directly with adults at risk in a care setting, as a care worker, volunteer, nurse, social worker etc. In those circumstances the LADO will need to consider a risk assessment on basis of information and decide as to whether there are enough grounds to justify informing the alleged perpetrator's employers. If this is justified then the LADO will need to inform the alleged perpetrator

to allow them opportunity to disclose in first instance and then to check this has occurred approx. a week later. The LADO will also need to satisfy themselves that the employers have considered all risks and that these have been suitably dealt with.

16.0 Implementation and Communication

- 16.1 This policy will be disseminated by the safeguarding team via the Joint Safeguarding Adult and Children Management Group and through divisional leads for cascade.
- 16.2 The policy will be made available on the Intranet and Trust Website.
- 16.3 The ratified version of this policy will be signposted within the staff focus magazine

17.0 Equality and Diversity

- 17.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the need of all individuals (refer to the equality impact assessment appendix 3)

18.0 Monitoring and Audit

- 18.1 At the conclusion of a case in which an allegation is substantiated, the Trust's Designated Senior Manager will review the circumstances of the case to determine whether there are any improvements can be made to procedures or practices in order to help prevent similar events occurring in the future. A detailed evaluation of the circumstances relating to the allegation will take place and a final report sent to the Patient Safety Committee. The policy will be reviewed to ensure accuracy and identify areas for improvement.
- 18.2 Dependent on the nature and risks associated with each case some cases will be determined as Serious Incidents (SI) these will be monitored via the risk management processes and where applicable actions and learning disseminated.

19.0 Glossary

CAIU	-	Child Abuse Investigation Unit
DBS	-	Disclosure & Barring Service
NSO	-	Named Senior Officer
HR	-	Human Resources Department
LADO	-	Local Authority Designated Officer
SET	-	Southend Essex and Thurrock

20.0 References:

Children Act 1989. <http://www.legislation.gov.uk>

Children Act 2004. <http://www.legislation.gov.uk>

Common Core of Skills and Knowledge for the Children's Workforce. London. HM Government (2005)

Southend, Essex, Thurrock (SET) Safeguarding Adult Guidelines, version 4.2 March 2017.

www.safeguardingsouthend.co.uk/pdfs/SETSafeguarding

ESCB (2018) Southend Essex Thurrock Child Protection Procedures; January

www.thurrock.gov.uk/.../set-child-protection-procedures

HM Government 2013 Statement of Government Policy on Adult Safeguarding

<https://www.gov.uk/government/publications/adult-safeguarding-statement-of-governmentpolicy-10-may-2013>

The Mental Capacity Act 2005 <http://www.legislation.gov.uk>

Disclosure and Barring Service:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/143695/employer-and-volunteers-guide.pdf

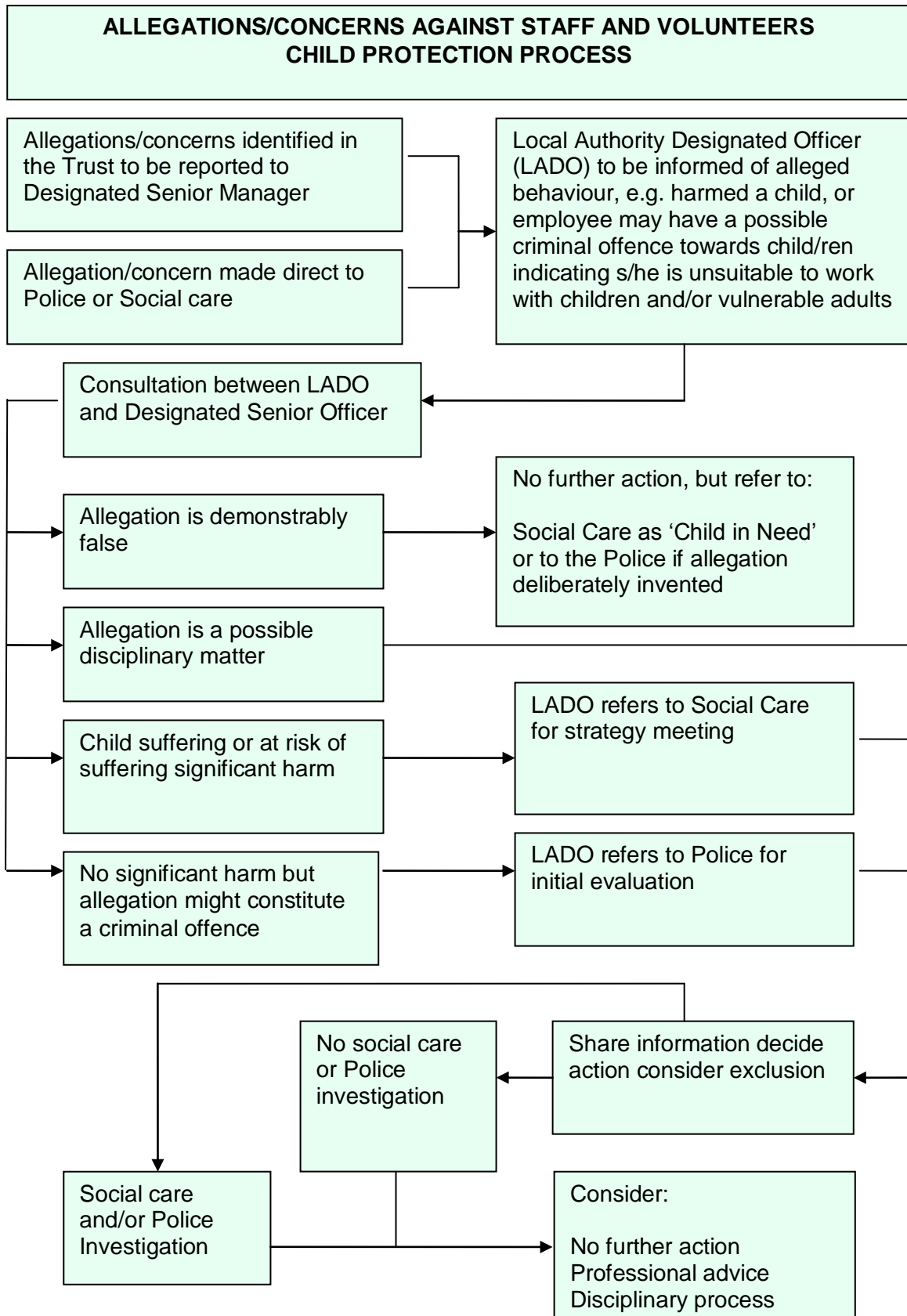
SET Procedures - Essex Safeguarding Children Board 2017

[www.escb.co.uk/Portals/67/SET Procedures-April 2017](http://www.escb.co.uk/Portals/67/SET_Procedures-April_2017)

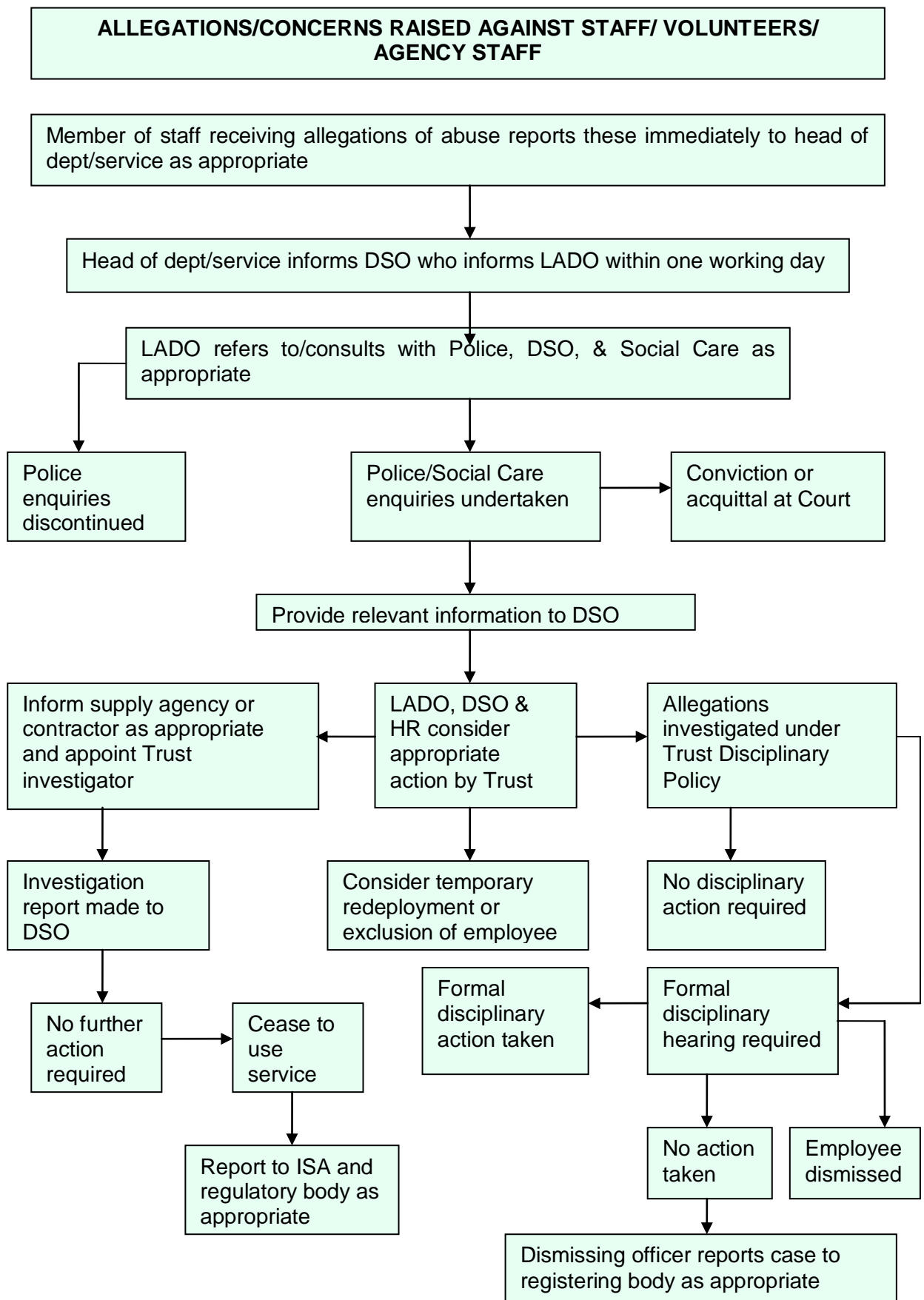
Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children (2018) NSPCC; July.

www.nspcc.org.uk/what-we-do/news-opinion/revised-guidance-working-together-safeguard-children-2018

Criminal Procedure



Internal Procedure



Equality Impact Assessment (EIA)

Title of document being impact-assessed: GUIDELINES FOR MANAGING ALLEGATIONS AGAINST STAFF/VOLUNTEERS WHO WORK WITH CHILDREN

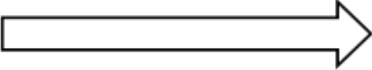

Equality or human rights concern.	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	No impact.	
Race and ethnicity	It is recognised that cultural differences/issues in understanding may impact on an individual's ability to recognise what constitutes a safeguarding concern.	This is currently addressed via local and national legislation and guidance and via MEHT safeguarding children training programme.
Disability	No impact.	
Religion, faith and belief	No impact.	
Sexual orientation	No impact.	
Age	No impact.	
Transgender people	No impact.	
Social class	No impact.	
Carers	No impact.	

Date of assessment: April 2018

Name of Assessor (s): Toni Pankhurst

SAFEGUARDING ADULTS BEST PRACTICE MATRIX

The matrix below contains examples of concerns with an indication of which safeguarding level they may fit into. The examples outlined are not an exhaustive list and do not provide an absolute definition. There will be cases that do not fit easily into a specific level and advice should be sought from your organisation's Adult Safeguarding Lead if there is any query as to which level a concern should be placed in. If in doubt and no expert safeguarding advice is available, complete a Safeguarding Adults referral

Type of Abuse	NOT SAFEGUARDING NORMAL CARE MANAGEMENT ISSUES	NOT SAFEGUARDING SERVICE IMPROVEMENT / QUALITY ISSUES	SAFEGUARDING REFERRAL MAY BE REQUIRED CONTACT YOUR SAFEGUARDING LEAD FOR DISCUSSION	SAFEGUARDING REFERRAL REFERRAL TO POLICE SHOULD BE CONSIDERED	SAFEGUARDING REFERRAL REFERRAL TO POLICE REQUIRED
PHYSICAL (FALLS)	<ul style="list-style-type: none"> Isolated incident (risk assessment reviewed, associated care plan in place. Risk assessment and associated care plan in place but is not being followed. There is no harm to the patient. 	<ul style="list-style-type: none"> One patient experiencing recurring falls whilst in a care setting or receiving care services (risk assessment reviewed, care plan reviewed, appropriate referral made to relevant health professional) and no harm has occurred One off fall of more than one patient within the same care setting and no harm has occurred 	<ul style="list-style-type: none"> Fall where serious harm occurs whilst in receipt of care (e.g. fractured long bone). Consider referral as a serious incident if this meets the framework criteria. 	<ul style="list-style-type: none"> Fall causing serious or significant harm to person, leading to the need for medical intervention where there has been previous concerns identified Previous concerns identified but not addressed by organisation Insufficient prevention measures in place such as training, supervision & auditing Numerous falls affecting more than one person from the same care setting or care provider requiring medical treatment. 	<ul style="list-style-type: none"> One fall causing catastrophic harm to one person possible-hospitalisation / irreparable damage / death where there has been previous concerns identified Insufficient prevention measures for care providers in place such as training, supervision & auditing.
PHYSICAL	<ul style="list-style-type: none"> Staff error causing no/little harm, e.g. superficial skin friction mark Minor events that still meet criteria for 'incident reporting' 	<ul style="list-style-type: none"> Isolated incident involving service user on service user Inexplicable very light marking found on one occasion 	<ul style="list-style-type: none"> Inexplicable marking or lesions, burns, cuts or grip marks on a number of occasions Accumulation of minor injuries on one patient or within one working area e.g. ward, care home 	<ul style="list-style-type: none"> Inappropriate restraint Inexplicable fractures/injuries to any part of the body that may be at various stages in the healing process 	<ul style="list-style-type: none"> Assault Grievous bodily harm/assault leading to significant harm, irreparable damage or death
PHYSICAL (PRESSURE ULCERS)	<ul style="list-style-type: none"> Pressure damage with no evidence of neglect OR failure to provide adequate care or pressure relieving equipment. Patient has capacity and makes an informed decision to decline treatment. A pressure ulcer develops. 	<ul style="list-style-type: none"> Pressure damage that meets the threshold of a serious incident should be reported. As part of the SI process, the following questions must be considered: <ol style="list-style-type: none"> Has there been rapid onset and/or deterioration of skin integrity? Has there been a recent change in medical condition e.g. skin or wound infection, other infection, pyrexia, anaemia, end of life care that could have contributed to a sudden deterioration of skin condition? Have reasonable steps been taken to prevent skin damage? Is the level of damage to the skin disproportionate to the patient's risk status for skin damage? e.g. low risk of skin damage with extensive injury. Is there evidence of poor practice or neglect? 	<ul style="list-style-type: none"> Patient not risk assessed with regards to pressure ulcers risk and management and harm occurs Failure to provide suitable pressure relieving equipment and harm occurs Failure to follow the advice of clinical specialists and harm occurs Pressure ulcers that have been investigated through the SI process and have found to be preventable AND the 5 questions outlined in box 2 have been considered. <p><u>If this affects more than one patient, Organisational Abuse should be considered</u></p>	<p>As box 3.</p> <p><u>If this affects more than one patient, Organisational Abuse should be considered</u></p>	<ul style="list-style-type: none"> Patient not risk assessed with regards to pressure ulcers risk and management leading to catastrophic harm/possible hospitalisation/irreparable damage/death Failure to provide suitable pressure relieving equipment / follow the advice of clinical specialists leading to catastrophic harm/possible hospitalisation/irreparable damage/death <p><u>If this affects more than one patient, Organisational Abuse should be considered</u></p>
MEDICATION	<ul style="list-style-type: none"> Adult does not receive prescribed medication (missed/wrong dose) on one occasion and no harm occurs Minimal harm to one person but robust prevention measures in place such as training, supervision & auditing 	<ul style="list-style-type: none"> Recurring missed medication or administration errors in relation to one service user that cause no harm and no ongoing concerns Prevention measures in place such as training, supervision and auditing 	<ul style="list-style-type: none"> One off medication error to more than one person - no harm caused Recurring missed medication or errors that affect more than one adult and/or result in harm Medication error causing serious or significant harm to person, leading to the need for medical intervention Previous concerns identified / ongoing ineffectiveness Insufficient prevention measures in place such as training, supervision & auditing Appearing to be over medicated 	<ul style="list-style-type: none"> Deliberate maladministration of medications Covert administration without proper medical supervision 	<ul style="list-style-type: none"> Recurring errors or an incident of deliberate Maladministration, that results in ill-health or death. Catastrophic harm to more than one person leading to hospitalisation/long term effects/death
SEXUAL	<p>Every patient has the right to have their concerns reported through the correct procedures; this <u>may</u> include a safeguarding referral. If a patient does not have capacity to make this decision you must consider whether a safeguarding referral needs to be made in their best interests.</p> 		<ul style="list-style-type: none"> Isolated incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused Verbal sexualised teasing that causes offence <p>NB: The individual should be offered a referral to the police</p>	<ul style="list-style-type: none"> One off or recurring sexualised touch or isolated/recurring masturbation without consent Attempted penetration by any means (whether or not it occurs within a relationship)without consent Sexual harassment Sexualised relationship between staff and a service user 	<ul style="list-style-type: none"> Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user Sex without consent/rape Being made to look at pornographic material without consent Being subject to indecent exposure
FINANCIAL	<p>All allegations of financial abuse should be discussed with the safeguarding team to establish if harm has been caused and a referral is required.</p> 		<ul style="list-style-type: none"> Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest Adult denied access to his/her own funds or possessions Staff/carens personally benefit from the support they offer service users, e.g. accrue 'reward points' on their own store loyalty cards when shopping Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered 	<ul style="list-style-type: none"> Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control Personal finances removed from adult's control 	<ul style="list-style-type: none"> Fraud/exploitation relating to benefits, income, property or will Theft

SET Safeguarding Adults Guidelines

The Southend, Essex & Thurrock (SET)
Safeguarding Adults Guidelines

Version 4.2 (March 17)

