



**Coventry and
Warwickshire**
Integrated Care Board

Managing Safeguarding Allegations Against Staff and Persons in Position of Trust Policy and Procedures

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VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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1 INTRODUCTION

1.1 This policy applies to all NHS Coventry and Warwickshire Integrated Care Board ('ICB') staff, and anyone working on behalf of, or undertaking work or volunteering for the ICB. It provides a framework to ensure appropriate actions are taken to manage safeguarding allegations against ICB staff or Persons in a Position of Trust, regardless of whether they are made in connection to duties fulfilled for the ICB, or if they fall outside of this, such as in their private life or any other capacity.

1.2 The framework provides a structure for managing cases where allegations are made about ICB staff that indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity. The allegation or issue may arise either in the employees'/professionals' work or private life. Examples include:

- Commitment of a criminal offence against or related to children, young people or adult with care and support needs.
- Failing to work collaboratively with social care agencies when issues about care of children, young people or adult with care and support needs for whom they have caring responsibilities are being investigated.
- Behaving towards children, young people or adult with care and support needs, 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 a member of staff, arising from their private life such as perpetration of domestic violence or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse.
- Where an allegation of abuse is made against someone closely associated with a member of staff such as a partner, member of the family or other household member.

1.3 This policy is focused on management of risk, based on assessment of harm and abuse. The Children Act (1989/2004) and the Care Act (2014) outline the definitions of significant harm.

There are four categories of Child abuse:

- Neglect
- Sexual
- Emotional
- Physical.

There are ten categories of abuse for adults:

- Physical Abuse
- Sexual Abuse
- Domestic Abuse
- Psychological / Emotional Abuse
- Financial
- Modern Slavery
- Neglect and Acts of omission
- Self-Neglect
- Discrimination
- Organisational abuse.

1.4 This policy should be read alongside the ICB's Safeguarding Policy.

2 APPLICATION AND SCOPE

- 2.1 This policy applies to all employees and contractors of the ICB, including staff seconded into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract. Performers registered on the National Performers List are also included. This list is not exhaustive but encompasses all that work for and on behalf of ICB.
- 2.2 For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as “staff” in this document.
- 2.3 The policy covers allegations made against staff in the course of their ICB duties and outside of this, including their private life and family home.
- 2.4 Although managing safeguarding allegations against staff is required under the Children Act (1989 /2004), this policy also applies to vulnerable adults at risk of harm or abuse as per the Care Act (2014). Working Together to Safeguard Children and Young People (2015) sets out expectations that all statutory organisations will have a procedure for managing allegations against staff.

3 MANAGING ALLEGATIONS – IMMEDIATE ACTIONS

- 3.1 There are three strands in consideration of an allegation:
 - Enquiries and assessment by children/adult Social Care, about whether a child/young person/ adult at risk of harm or abuse, is in need of protection or in need of services.
 - A police investigation of a possible criminal offence.
 - Consideration of disciplinary action (including suspension).
- 3.2 The safety of the child, young person or an adult at risk is of paramount importance. Immediate action may be required to safeguard investigations and any other children, young people or adults at risk. Any concern that children, young people or adults may be at risk of harm or abuse, must immediately be reported. Reputational issues must be managed appropriately by discussion with the relevant communications team.
- 3.3 All staff must be familiar with referral procedures to protect an adult/child at risk. The concern must also be reported to the staff member’s line manager, who should take advice. (Appendix 1 provides a summary of the process to be followed).

The ICB will have a Nominated Safeguarding Senior Officer (NSSO) of significant seniority to make decisions on behalf of ICB who will act as the point of contact to identify, lead and co-ordinate investigations. This is the Chief Nurse.

The ICB will need to understand and work in conjunction with the local multi-agency policies and procedures and with the Accountability and Assurance Framework.

The ICB will have a Designated Nurse for Safeguarding who will support the NSSO and undertake the investigation on behalf of the ICB.
- 3.4 Each Local Safeguarding Children Board and Safeguarding Adult Board has their own websites which set out their policies and procedures for safeguarding children/young people/ adults at risk of harm or abuse.
- 3.5 Each Local Authority has a Local Authority Designated Officer (LADO) to act on their behalf in investigating allegations; this role plays a critical part in terms of working in partnership with the NHS to manage risk and was cited as the critical relationship in the Savile investigations. The LADO should be informed of allegations, according to local safeguarding procedures.

- 3.6 A Serious Incident report of the allegation against a healthcare or non-healthcare professional should be reported on the Strategic Executive Information System (STEIS). Available at <http://www.nrls.npsa.nhs.uk/resources/?entryid45=75173>
- 3.7 Any action taken by ICB to manage an allegation must not jeopardise any external investigations, such as a criminal investigation.

4 PROCEDURE FOR REPORTING AND MANAGING ALLEGATIONS: ICB STAFF

- 4.1 It is essential that every effort must be made to maintain confidentiality and manage communications while an allegation is being investigated.
- 4.2 The Nominated Safeguarding Senior Officer (NSSO) should:

- Ensure (if appropriate) that a child protection/adults at risk referral is made (or has been made) to the relevant Children/Adult Social Care Team and where appropriate the Police (see below), using the required reporting form as detailed in the local policies and procedures of the area in which the person is situated. The referral must be put in writing to Children/Adult Social Care by the individual reporting the concerns within 24 hours or in the event of a weekend the earliest opportunity of the next working day.
- Where the issue is in relation to safeguarding children, the NSSO will liaise with the Local Authority Designated Officer (LADO), who will agree with the (NSSO) any information that needs to be shared with other geographical areas depending on where the staff member lives. The LADO can be contacted through the local Social Care team or the LSCB contact lead. Immediate issues of investigation and management of the employee should be discussed and agreed at this time, including what information should be passed to the staff member concerned at this point.
- Where the issue is in relation to an adult at risk of harm or abuse, the NSSO will discuss the case and allegations with the police and the relevant adult social care department manager and identify which agency will be leading on the investigation.
- For ICB directly employed staff the NSSO should contact the HR Department for advice regarding the action to be taken in relation to the employee. In conjunction with HR and the staff member's line manager, decide whether suspension is appropriate during the period of investigation.

HR will advise on the authority levels and process requirements for this action.

HR will advise whether the ICB disciplinary procedure is to be followed, or, in the case of a Performer, reported as per the Performers List Regulations, in which case, the NHSE Medical Director should be contacted for advice. HR advice will be pertinent to staff who are agency, secondees, or self-employed staff working on behalf of ICB.

- Following notification to the children/adult Social Care and/or the Police, if deemed necessary, the NSSO should undertake an internal (Strategy) Planning Meeting (see below) with the appropriate personnel to decide how to manage the allegation. The LADO should attend this meeting. This group should include the Line Manager and a senior member of staff from that Directorate; Nominated Safeguarding Senior Officer; Designated Safeguarding Nurse; and a senior member of staff from the relevant HR department (e.g., NHSE/I or ICB) to offer specific HR advice.
- Report the allegation for information to the Director of the relevant NHSE/I Safeguarding Team.

4.3 (Strategy) Planning Meeting.

At this meeting the following issues should be considered:

- Consider what further contact is required with NHSE/I staff, local Police, children/, and adult Social Care. A member of the Investigation Team should be nominated as the link person.
- Whether the child/young person/ adult at risk of harm or abuse is safe from any further risk of harm or abuse.
- Review what action has already been undertaken so far to ensure the safety of the victim.
- Decide the internal investigation strategy to be undertaken. The Police and/or Social Care should be consulted when they are involved in any on-going Investigation and/or criminal proceedings are pending.
- A referral to the appropriate professional regulatory body should the member of staff be a registered professional such as the General Medical Council (GMC) for doctors, or the Nursing and Midwifery Council (NMC) for nurses.
- Decide how to present the allegations to the relevant staff member concerned and how to manage the investigatory process. The appropriate ICB HR procedures should be followed.
- Agreement should be reached with children/adult Social Care and the Police about what information should be passed to the staff member concerned.
- The Line Manager should be asked to provide appropriate support to the individual while the case is on-going and keep them regularly informed.
- Further support may be considered necessary from Occupational Health.
- Decide how the person/child/ adult at risk of harm or abuse, or their nominated parent/guardian/nominated carer making the allegation is to be kept informed of what is happening to their allegation, whilst adhering to the requirements of maintaining confidentiality and observing the requirements of the Human Rights Act and the Data Protection Act. The sharing of information must not 'contaminate' any ICB, Police or children/adult Social Care investigations that are on-going.
- The ICB's Communications team should provide additional support and advice in relation to the handling of any queries from the media concerning the allegation.
- The ICB's Patient Safety team should report the incident on the STEIS system.
- The information should be shared with the senior management team.
- Decide the frequency and format of review meetings which need to be set up to manage the on-going investigation and the various actions required.

5 PROCEDURE FOR REPORTING/MANAGING ALLEGATIONS: NON- DIRECTLY EMPLOYED STAFF

As detailed in the lessons learnt report into Savile by Kate Lampard QC (2015), if a safeguarding allegation is made against a worker working for ICB who is not directly employed by ICB, the allegation must also be shared with their employer or the body that engaged them at the earliest opportunity.

- 5.1 A NSSO should be appointed for such allegations and undertake the duties set out in section 5.2 above. The Process flow chart at Appendix 1 should be followed for all cases.
- The NSSO will need to engage with the other relevant parties outlined above to decide how the allegation should be managed. These scenarios are likely to be complex and the NSSO should take early advice from their local safeguarding and HR leads. It is recommended that a meeting is held between ICB and the other party/parties at the earliest opportunity, noting the responsibility to report issues to the Police and/or Social Care teams within 24 hours of the allegation being received. Such parties should be asked to attend the strategy meeting.
- 5.2 For contracted staff such as GPs the local NHSE Medical Directorate should be informed so that the case can be reviewed and investigated for consideration by NHSE/I as to appropriate action and potential referral to the GMC. Cases may involve a joint investigation between ICB and GMC.
- 5.3 Despite the fact that allegations against such workers should be reported as above, ICB still retains a responsibility to consider how the allegations should be managed if the allegation has a connection with, or relevance to, the duties that the worker undertakes with the ICB. All such allegations also need to be reported and escalated by the lead ICB manager in accordance with the requirements of this policy.
- 5.4 Assumptions should not be made that the other party has referred the matter to the police or relevant other body - evidence needs to be promptly provided and if this is not forthcoming then the ICB NSSO appointed to deal with the case should do so on behalf of ICB and advise the other party accordingly.

6 DISCLOSURE AND BARRING SERVICE (DBS)

- 6.1 As an employer of staff in a 'regulated activity' ICB also has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006. Managers must report concerns to their local HR team, who should seek advice from the ICB safeguarding team or, directly through the NSSO. The following groups may be referred for information to the Disclosure and Barring Service:

If an employee or worker of ICB has been permanently removed from 'regulated activity' through dismissal or permanent transfer from 'regulated activity', or where they would have removed or transferred that person from regulated activity if they had not left, resigned, retired or been made redundant; and

They believe the person has:

- engaged in 'relevant conduct'
- satisfied the 'harm test' (i.e., no action or inaction occurred but the present risk that it could occur was significant); or
- Received a caution or conviction for a 'relevant offence' (see DBS website).

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

The ICB's Disciplinary policy (2013) provides further information on the procedures to be followed and can be located on the ICB's website.

- A referral to the DBS should be made following initial information gathering to establish whether there is cause for concern. A referral should be made even if the person in question has left ICB before an investigation and/or disciplinary process has been completed. However, it is important to note that the DBS has no investigatory powers and therefore relies upon evidence supplied to it. Managers therefore have a responsibility to complete investigations as far as possible, even where the individual leaves before investigations can be completed, so that the DBS has enough substantiated evidence on which it can base its decision. If

additional information becomes available after making a

- referral this should also be provided to the DBS. The referral should be made using the DBS referral form and posted to the DBS enclosing all relevant information held. Please see further guidance and information at <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

7 RECORD KEEPING

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

- The nature of the allegation/concern.
- Who was spoken to as part of the process and what statements/notes were taken and when.
- Any records that were seen and reviewed.
- What actions were considered and justification for specific decisions, including suspension and any actions taken under the ICB Disciplinary Procedure.
- What alternatives to actions were explored.
- Minutes and actions of all meetings that take place.
- The above information will be held until the employee reaches the age of 79 or 6 years after death, whichever is the longer period (in accordance with the ICB record keeping policy).

A record keeping checklist is provided in Appendix 2.

7.2 All records should be on the secure PiPOT drive by the Designated Lead Nurse for safeguarding and not on personal drives as they may need to be accessed. The folder access should be restricted to certain personnel on the shared drive.

7.3 For these particular records:

- Name the files appropriately.
- The retention period is unlimited due to the risk of further disclosures in the future.
- Save in an agreed area and apply security measures to the records as they contain personal information
- Remember that emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the file accordingly.

8 POST INVESTIGATION REVIEW

8.1 Following the completion of the initial investigation, the NSSO will lead a review of the case and its actions.

8.2 Any recommendations from the review will be implemented and information disseminated to the appropriate people within the organisation and local safeguarding forums.

8.3 As well as supporting the member of staff throughout the investigation, consideration must be paid to supporting the member of staff through integration back into the workplace should this be appropriate post-investigation. On-going support for the member of staff may be offered through Occupational Health.

9 MONITORING

9.1 The Clinical Quality and Governance Group will monitor compliance of this policy.

9.2 The Designated Nurse for Safeguarding is responsible for the monitoring, revision and

updating of this policy. The Designated Nurse for Safeguarding will act on behalf of the Chief Nurse in this respect and will update the Chief Nurse on its implementation.

- 9.3 This policy will be monitored with regard to the implications of equality and diversity on a regular basis.

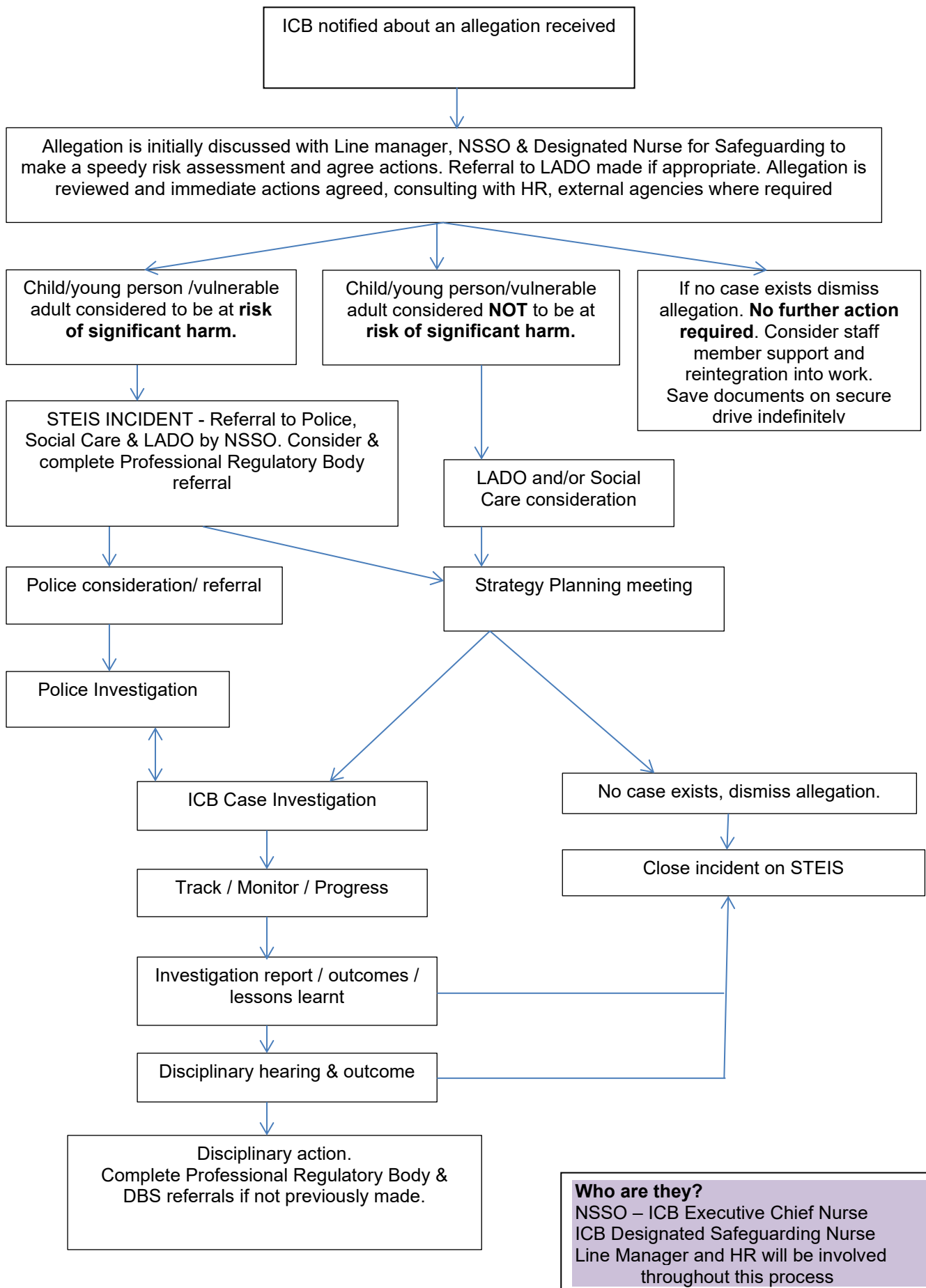
10 EQUALITY AND HEALTH INEQUALITIES ANALYSIS

- 10.1 Promoting equality and addressing health inequalities are at the heart of ICB values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

An Equality Impact Assessment has been completed for this policy and can be found at Appendix 3.

Appendix 1 - Process Flow Chart



Appendix 2 – Record Keeping Checklist

The NSSO or Designated Lead Nurse will have the responsibility for ensuring that records are kept throughout the investigation of the allegation/concern. This checklist reflects the information needed, but this is not exhaustive:-

- The nature of the allegation/concern.
- Who was spoken to and when as part of the process and what statements/notes were taken.
- What records were seen and reviewed.
- Why specific decisions/actions were taken, including suspension and any actions taken under the ICB Disciplinary Procedure.
- What alternatives to actions were explored.
- Minutes and actions of all meetings that take place.
- The above information will be held until the employee reaches the age of 79 or 6 years after death, whichever is the longer period

Investigation	Key contact	Evidence collected
Name of Lead Investigator		
Clarify and articulate the nature of the allegation	STEIS completed <input type="checkbox"/> LADO contacted <input type="checkbox"/> Police contacted <input type="checkbox"/> Social Care contacted <input type="checkbox"/> Human Resources contacted <input type="checkbox"/> Performance <input type="checkbox"/>	Date;..... Name of contact.....
Statements and notes		Date..... Identify where documents are stored
Actions taken <i>Record alternatives considered and why</i>		Date..... Identify where documents are stored
Minutes and records of all relevant meetings		Date..... Identify where documents are stored

Appendix 3 Equality Impact Assessment

	Name of person completing EIA	
Date of EIA		Accountable ICB Lead
		ICB Sign off and date
Piece of work being assessed	Managing Safeguarding Allegations/Person in position of trust policy	
Aims of this piece of work	The policy is aimed to provide the ICB with a framework and policy for managing safeguarding allegations that may arise in relation to staff working within the ICB	
Other partners/stakeholders involved	Local Authority Safeguarding Team's	
Who will be affected by this piece of work?	All ICB staff who are directly employed, seconded or volunteering within the ICB	

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect.	Is there likely to be a differential impact?
	Population data Service user data. Research available online such as NICE guidance, BBC website, reputable online newspapers and journals, medical websites. Engagement feedback	Yes, no, unknown.
Gender	The policy ensures all staff are treated the same regardless of Gender	No
Race	The policy ensures all staff are treated the same regardless of Race	No
Disability	The policy ensures all staff are treated the same regardless of Disability	No
Religion/ belief	The policy ensures all staff are treated the same regardless of Religion/belief	No
Sexual orientation	The policy ensures all staff are treated the same regardless of Sexual Orientation	No
Age	The policy ensures all staff are treated the same regardless of Age	No
Social deprivation	The policy ensures all staff are treated the same regardless of Social Deprivation	No
Carers	The policy ensures all staff are treated the same regardless of Carers	No
Human rights	Will this piece of work affect anyone's human rights?	No