

HWCCG Policy and Procedures for Managing Safeguarding Allegations Against Staff and Persons in Position of Trust in Respect of Children, Young People and Adults (with Care and Support Needs)

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Author:	Jeremy Newell, Deputy Designated Safeguarding Nurse – Adults Ellen Footman, Head of Quality and Safeguarding/Designated Nurse
Directorate responsible:	Quality and Safeguarding
Directorate lead:	Lisa Levy
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Target audience:	This policy applies to People in Positions of Trust (PiPoT) this is all employees, and anyone working on behalf of or undertaking work or volunteering for HWCCG, whether clinical or non-clinical (including seconded, temporary, bank staff, all students including diploma or apprenticeship schemes and staff on honorary contracts, 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 HWCCG, who have contact with children, young people, adult service users, carers, families and local communities.

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Contents

<u>1.</u>	<u>INTRODUCTION</u>	4
<u>2.</u>	<u>PURPOSE AND SCOPE</u>	5
<u>3.</u>	<u>DEFINITIONS</u>	6
<u>4.</u>	<u>ROLES AND RESPONSIBILITIES</u>	6
<u>5.</u>	<u>UNDERLYING PRINCIPLES</u>	8
<u>6.</u>	<u>PROCEDURE FOR MANAGING ALLEGATIONS – IMMEDIATE ACTIONS</u>	9
<u>7.</u>	<u>PROCEDURE FOR MANAGING ALLEGATIONS: SUBSEQUENT INVESTIGATION</u>	10
<u>8.</u>	<u>PROCEDURE FOR REPORTING/MANAGING ALLEGATIONS: NON DIRECTLY EMPLOYED STAFF</u>	13
<u>9.</u>	<u>ORGANISED AND HISTORICAL ABUSE</u>	15
<u>10.</u>	<u>SUSPENSION / REDEPLOYMENT</u>	15
<u>11.</u>	<u>TIMESCALES</u>	15
<u>12.</u>	<u>RESIGNATIONS AND COMPROMISE AGREEMENTS</u>	16
<u>13.</u>	<u>INFORMATION SHARING</u>	16
<u>14.</u>	<u>ACTION FOLLOWING A CRIMINAL INVESTIGATION OR A PROSECUTION</u>	16
<u>15.</u>	<u>FINDINGS AND DECISION MAKING</u>	16
<u>16.</u>	<u>DISCLOSURE AND BARRING SERVICE (DBS)</u>	17
<u>17.</u>	<u>TRAINING/COMPETENCIES</u>	17
<u>18.</u>	<u>POST INVESTIGATION REVIEW (LEARNING PROCESS)</u>	18
<u>19.</u>	<u>RECORD KEEPING</u>	18
<u>20.</u>	<u>MONITORING IMPLEMENTATION</u>	19
<u>21.</u>	<u>EQUALITY AND HEALTH INEQUALITIES ANALYSIS</u>	19
<u>22.</u>	<u>WHISTLEBLOWING</u>	19
<u>23.</u>	<u>REFERENCES</u>	20
<u>24.</u>	<u>ASSOCIATED DOCUMENTATION</u>	20
	<u>APPENDIX 1 - TIMESCALE FOR INVESTIGATORY PROCESS</u>	21
	<u>APPENDIX 2 - CONTACTS:</u>	22
	<u>APPENDIX 3 – ROLES AND RESPONSIBILITIES</u>	22
	<u>APPENDIX 4 – MANAGING CONCERNS AND ALLEGATIONS AGAINST PEOPLE WHO WORK WITH ADULTS WITH CARE AND SUPPORT NEEDS</u>	25
	<u>APPENDIX 5 – FACTORS TO CONSIDER IN RELATION TO PIPOT NOTIFICATIONS</u>	26
	<u>APPENDIX 6 – SUGGESTED FORMS FOR RECORDING PIPOT CASES</u>	27

1. INTRODUCTION

Every NHS organisation and each individual healthcare professional working in the NHS has a responsibility to ensure that the principles and duties of safeguarding children and adults are consistently applied, with the well-being of those children and adults at the heart of what we do.

NHS Herefordshire and Worcestershire CCG (known hereafter as the HWCCG) has a statutory duty under the Children Act (1989/2004) and the Care Act (2014) to ensure they make arrangements to safeguard and promote the welfare of children and young people, and to protect adults with care and support needs who are at risk of or experiencing abuse and neglect.

All staff, whether they work in a CCG, in General Practice, in providing community care or in services directly commissioned by the CCG, e.g. hospitals, care homes with nursing, have a responsibility to safeguard children and adults at risk of abuse or neglect.

It is the vision of HWCCG that safeguarding outcomes for children and adults are improved. In order to achieve this, every contact children and adults have with the NHS, or its commissioned services, will be with practitioners and providers who have a knowledge and understanding of safeguarding issues and work in an organisation that has robust safeguarding systems and levels of supervision.

This policy document -The 'Managing Safeguarding Allegations Against Staff and Persons in Position of Trust in respect of Children, Young People and Adults Policy and Procedures' applies to HWCCG staff, and anyone working on behalf of or undertaking work or volunteering for the HWCCG. (Staff working in organisations providing services under contract to HWCCG will adhere to the relevant organisations' policies and procedures).

The policy provides a framework to ensure appropriate actions are taken to manage safeguarding allegations against HWCCG staff or Person's in a Position of Trust (PiPoT), regardless of whether they are made in connection to duties with the HWCCG or if they fall outside of this such as in their private life or any other capacity.

This policy is a guidance document underpinned by legislation that ensures that when an allegation related to the conduct of a member of staff is made, all staff and managers are aware of the procedures that should be followed.

This policy has been developed to ensure a consistent and effective response to any circumstances giving grounds for concern, or formal complaints, or expressions of anxiety about adult abuse or child abuse by a member of staff or volunteer, including allegations that relate to staff working with adults with care and support needs as defined in The Care Act 2014 (thereafter referred to as adults) and/or children. It is HWCCG's aim to respond effectively and sensitively to these concerns. On occasions concerns, allegations or incidents may need to be subject to Police investigation or Counter Fraud Investigation.

For allegations that relate to staff working with children this procedure has been written in line with the requirements of agencies as laid down in the West Midlands Multi Agency procedures adopted by both Safeguarding Children and Young People in Herefordshire (SCYPiH) Partnership and Adults Board (HSAB) and Worcestershire Safeguarding Children's Partnership (WSCP) and Adults Board (WSAB), which can be found at the following links –

<https://herefordshiresafeguardingboards.org.uk/media/6539/wm-adult-pot-framework-v20-dec-2018.pdf>

<https://www.safeguardingworcestershire.org.uk/documents/guidance-if-you-are-concerned-about-a-person-who-is-working-volunteering-with-adults-who-have-support-needs/>

2. PURPOSE AND SCOPE

The HWCCG is committed to preventing the abuse of children and adults and ensuring that robust procedures are in place for dealing with identified incidents of potential or actual abuse.

This policy applies to People in Positions of Trust (PiPoT); this is all employees, and anyone working on behalf of or undertaking work or volunteering for the HWCCG, whether clinical or non-clinical (including seconded, temporary, bank staff, all students including diploma or apprenticeship schemes and staff on honorary contracts, 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 HWCCG, who have contact with children, adults, carers, families, and local communities. For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as “staff” in this document. This policy should be read alongside the HWCCG Safeguarding Children and Safeguarding Adults policies.

The purpose of this Policy is to provide a framework for managing cases where it is alleged that an employee of the HWCCG has:

- Behaved in a way that has harmed or has the potential to harm a child or adult or may have harmed a child or adult (this may be in work or their personal life).
- OR**
- Committed a criminal offence against or related to a child or adult.
- OR**
- Behaved towards a child or adult in a way that indicates they are unsuitable to work with these groups of people (this may be in work or their personal life).

Concern may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with children or adults, in their present position, or in any capacity. The allegation or issue may arise either in the employee’s/professional’s work or private life. Examples include:

- Commitment of a criminal offence against or related to a child or adult.
- Failing to work collaboratively with social care agencies when issues about care of children, or adult for whom they have caring responsibilities are being investigated.
- Behaving towards children or adults, in a manner that indicates they are unsuitable to work with children 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.
- May be subject to abuse themselves and as a consequence means their ability to provide a service to children or adults must be reviewed.
- Behaved in a way which questions their ability to provide a service to a child or adult which must be reviewed e.g. conviction for grievous bodily harm against another person.

This policy is focused on management of risk, based on assessment of harm and abuse. Managing safeguarding allegations against staff working with children is required under the Children Act (1989/2004) and adults at risk of harm or abuse is required under the Care Act (2014). The policy document ‘Working Together to Safeguard Children and Young People’ Gov.UK (2018) set out expectations that all statutory organisations will have a procedure for managing allegations against staff.

3. DEFINITIONS

A 'child' is anyone who has not yet reached their 18th birthday (Children Act 1989 and 2004).

An "adult" with care and support needs as defined by the Care Act 2014 is as defined by the Care Act is:

- A person over the age of 18 years who has a need for care and support (see below). Depending on the context, this could be an adult receiving a particular care and support service, or an adult who has such needs but are not receiving a service (for example, someone coming forward for an assessment).
- Care and support
The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

4. ROLES AND RESPONSIBILITIES

Where the issue is in relation to **safeguarding children**, the HWCCG Head of Quality and Safeguarding/Designated Nurse (or HWCCG Chief Nurse in their absence) will liaise with the Local Authority Designated Officer (LADO), who will agree with the Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) 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 Local Safeguarding Children's Partnership 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. This is due to the potential risks to the child; and/or with regard to any parallel process such as the criminal investigation process which may be underway.

There are specific procedures produced by in accordance with Working Together to Safeguard Children 2018 that must be followed by all organisations in the above circumstances. Please see the roles and responsibilities for the following officers in Appendix 3

- **Local Authority Designated Officer (LADO)**

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 at the critical relationship in the Savile investigations. The LADO should be informed of allegations, according to local safeguarding procedures.

- **Designated Senior Managers** (Head of Quality and Safeguarding/Designated Nurse and HWCCG Chief Nurse)

Where the issue is in relation to **an adult**:

HSAB and WSAB requires partner agencies and the service providers they commission to identify a designated PiPoT lead or contact to oversee the delivery of responsibilities in their

organisation. In the HWCCG this is the Head of Quality and Safeguarding/Designated Nurse for Safeguarding) and the HWCCG Chief Nurse).

The person who has received information of concern (as defined in Section 2 above) is the 'Data Owner' and should contact the HWCCG Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) for advice. The Head of Quality Safeguarding/Designated Nurse (or Chief Nurse in their absence) would need to risk assess the information received in relation to the issue being reported; consider proportionate information sharing and make a decision on how to progress.

In some circumstances they would need to check whether a safeguarding concern has been raised. Other cases may not need to be discussed externally, for example HR is involved and there is no external issue i.e. a HWCCG staff member is experiencing abuse. Consideration will need to be given as to whether to discuss the issues with the police and the relevant adult social care department manager and identify which agency will be leading on the investigation. For HWCCG directly employed staff the Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) should contact the Human Resources (HR) department (Senior HR Business Partner) for advice regarding the action to be taken in relation to the employee.

In conjunction with the HR department (Senior HR Business Partner) and the staff member's line manager, decide whether suspension is appropriate during the period of investigation.

Consideration must be given to the nature of health services: it is unlikely that a PiPoT will only have contact with adults in the course of their work. Therefore, the LADO process will be followed when there are issues relating to safeguarding children as well as adults (or where it is unclear whether the PiPoT would only be a risk in relation to an adult).

Duties and Responsibilities of Managers and all Employees

Anyone employed (in a paid or voluntary capacity) to work with children and adults has the responsibility to be aware of possible abuse and to take appropriate action whenever there is a concern that abuse may have taken place or may be likely to without preventative action. Employees working directly with children and adults should familiarise themselves with, and work closely to, the West Midlands Safeguarding Children Procedures, which are available on both Herefordshire and Worcestershire's safeguarding partnerships and adult board web pages.

Failure to report possible incidents, actual or potential, may indicate collusion. Along with malicious allegations or those made for personal gain, these would be viewed extremely seriously. It is the responsibility of the managers receiving complaints to assess whether such incidents or occasions would constitute abuse or raise concern in relation to an employee's behaviour or management of a child or adult. The manager should seek advice in these circumstances from the Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) and the HR Department (Senior HR Business Partner) as to the appropriate course of action.

There are several strands in considering an allegation:

- The safety of the child or an adult is of paramount importance. Immediate action may be required to safeguard any other children or adults. Any concern that children or adults may be at risk of harm or abuse, must be reported immediately.

- Enquiries and assessment by Children/Adult Social Care, about whether a child and/or adult, at risk of harm or abuse, is in need of protection or in need of services. All staff must be familiar with safeguarding referral procedures to protect an adult or child at risk.
- A police investigation of a possible criminal offence.
- Consideration of disciplinary action (including suspension).
- Information sharing with another party: for example, where there is concern about an agency member of staff, the Data Owner must risk assess what is proportionate to share and with whom.

5. UNDERLYING PRINCIPLES

5.1. Supporting those involved

The adult, or in the case of a child the parents or carers, should be informed about the allegation as soon as possible.

Safeguarding children: The Local Authority Designated Officer (LADO) will discuss with the Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) who should be informed of the allegation i.e.; Police, Children's Social Care, Safeguarding Adults Team (Herefordshire or Worcestershire County Council) and agree; who will inform that agency and the best way to proceed. The individual and/or parents/carers will then be advised of the process that will now be followed.

Safeguarding Adults: The Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) as the Data Owner and HR department (Senior HR Business Partner) will agree who should be informed of the allegation i.e.; Police, Safeguarding Adults Team (Herefordshire or Worcestershire County Council), Children's Social Care/LADO and will inform that agency and agree the best way to proceed.

It is accepted that some circumstances will arise in which the HWCCG must inform the parents/carers/next of kin of an incident straight away, for instance if a child/adult has been injured and requires medical treatment.

The relevant individuals should be kept informed of the progress and the timescales of the safeguarding investigation, (which will vary depending on the complexity of the allegation) and be informed of the outcome. This is the responsibility of the manager for the service/team where the issue has arisen, and may involve meeting with the adult/family/parent/carer, to explain that an investigation is being carried out and that the relevant individuals will be kept informed through the process.

Should a disciplinary process be instigated the outcome cannot be shared due to the individual's confidentiality, however the relevant individuals can be informed that the process has concluded and reassured that appropriate action has been taken.

5.2. Support for employees

The HWCCG will ensure that the employee/volunteer who is the subject of the allegation will be made aware of the allegation as soon as is reasonable and kept informed of the progress of the investigation. The employee or volunteer who has had allegation made against them can nominate a trade union representative or a work colleague to support them throughout the process.

Similarly, any witnesses who are involved can also nominate a trade union representative or work colleague for support. The nominated work colleague must maintain and respect the

sensitive and confidential nature of the process and any information which may be shared with them.

6. PROCEDURE FOR MANAGING ALLEGATIONS – IMMEDIATE ACTIONS

The person to whom the allegation is first reported should treat the matter seriously and act promptly. The safety of the child or adult is of paramount importance.

STEP 1

Immediate action may be required to safeguard child or adult and to protect any other children or adults at risk. Steps should be taken to ensure that the staff member the allegation has been made against does not come into contact with the vulnerable person concerned.

If anyone is considered to be in immediate danger contact the police on **999**.

Ensure (if appropriate) that a child protection referral or adults safeguarding concern is raised (or has been raised) to the relevant local authority Children or Adult Social Care Team and where appropriate the Police, 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 or 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.

The Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) should then be informed within the time scales identified above.

The person receiving the allegation **should**:

- Record the information (where possible using the child's or adult's own words), including the time, date and place of incident, persons present and what was said;
- Report the matter to the Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) the next normal working day. The concern must also be reported to the staff member's line manager, who should take advice from the HR Department (Senior HR Business Partner).
- Consider if it is necessary to move the individual from the workplace or alter their planned workload. If so, only inform them that a safeguarding concern has been received.

The person receiving the allegation **should not**:

- Instigate an investigation of the allegation
- Ask leading questions
- Alert the alleged member of staff of the concern, unless the police have agreed that they can be alerted, otherwise because it may hinder any police investigation;
- Make assumptions or offer alternative explanations;
- Promise confidentiality.

OR

If the child, or adult at risk are not in immediate danger the Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) should be notified as soon as possible, contact details in Appendix 2,

STEP 2

Consideration should be given as to whether the incident meets the criteria under the NHSE Serious Incident Framework (2015). A Serious Incident report of the allegation against a healthcare or non- healthcare professional should then be reported on the Strategic Executive Information System (STEIS).

<https://improvement.nhs.uk/resources/steis/>

7. PROCEDURE FOR MANAGING ALLEGATIONS: SUBSEQUENT INVESTIGATION

The Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) will act as the point of contact to identify, lead and co-ordinate investigations.

The Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) in conjunction with the HR Department (Senior HR Business Partner) will determine next steps dependent upon the nature of the allegation. (See Appendix 5). At this point, it will be necessary to consider whether or not to suspend / redeploy the individual that the allegations have been made against whilst an investigation takes place. The HR Department (Senior HR Business Partner) will advise on the levels of authority and process requirements for this action. The HR Department (Senior HR Business Partner) will advise whether the HWCCG disciplinary procedures are to be followed, or in the case of a Performer, subjected to the performers list regulations, which procedure will be observed.

The HR Department (Senior HR Business Partner) advice will be pertinent to all staff who are agency, secondees, or self-employed staff working on behalf of the HWCCG. (Please see SECTION 10 – Suspension / Redeployment).

The Head of Quality and Safeguarding/Designated Nurse (or Chief Nurse in their absence) should inform the LADO or Safeguarding Adults Team, Herefordshire or Worcestershire County Council, of all allegations that come to the HWCCG's attention and appear to meet the threshold or Section 42 of the Care Act (2014) criterion for a PiPoT concern to be raised (See Section 2).

The criterion will be in accordance with the local authority Safeguarding Policies and Procedures. This will enable the LADO or Safeguarding Adults Team to consult colleagues in the police and social care, as appropriate, in order to determine if the allegations meet the relevant criterion. The decision as to whether the allegation meets the criterion should be taken within ONE working day of the HWCCG becoming aware of the allegation.

The LADO or Safeguarding Adults Team Manager can be contacted for advice and will first establish with the HWCCG that the allegation falls within the scope of this PiPoT procedure and may have some foundation. This discussion will also consider how best to inform the employee concerned and the victim and or parents/carers/next of kin concerned, in consultation with Police and the local authority Children's Social Care or Safeguarding Adults Team if appropriate.

Managers will be nominated by the Head of Quality and Safeguarding (or Chief Nurse in their absence) to undertake a preliminary/formal investigation of the allegation. Such Managers must have undertaken either an Investigatory Skills and/or Root Cause Analysis course.

The HWCCG should inform the employee under investigation about the allegation as soon as possible after consulting the LADO or Safeguarding Adults Team Manager. Advice should be taken from the Head of Quality and Safeguarding (or Chief Nurse in their absence) regarding the information the employee should be given (As discussed in Section 4).

However, where a Strategy Discussion (planning meetings) is needed or it is clear that the police or other agencies may need to be involved, this should not be done until these agencies have been consulted and agreed what information can be disclosed to the employee. If it has been necessary to move the employee from the workplace they will be informed a safeguarding concern has been received and that they will receive further information once this planning meeting has taken place.

The employee who is the subject of the investigation will be informed under which policy this investigation is being carried out. Matters will be handled promptly to ensure situations are dealt with swiftly.

In respect of safeguarding children and in relation to a PiPoT allegation, a **strategy discussion** (see below) is when the LADO, Children's Social Care, representative of the employer and if necessary the Police, Safeguarding Adults Team Manager, meet to decide the management strategy for dealing with the allegation.

Strategy discussions will be in accordance with the West Midlands Child Protection and Safeguarding Procedures. Those required to attend a strategy discussion must attend a preparation meeting organised by Head of Quality and Safeguarding (or Chief Nurse in their absence) if arranged.

In respect of safeguarding adults, a strategy discussion can be arranged if necessary with the representative of the employer, the Police and Safeguarding Adults Team Manager.

All witnesses should be asked to note down in writing anything they recall about the issue/allegation as soon as possible, pending the outcome of a strategy discussion as described above.

If any employees involved in the investigatory process are members of a trade union or a professional association they should be advised to contact that body at the outset of the investigation for support and guidance. All employees involved in the investigatory process will also be offered appropriate support by the HWCCG.

All relevant facts should be collected in the form of statements and provided within 24 hours or as soon as possible thereafter before memories fade, including anything the employee or employees who are the subject of the investigation wishes to say. Statements should be signed and dated by the witnesses.

Witnesses will have the right to be supported by their trade union representative or work colleague during this process. The procedure needs to be followed and advice sought from the HR Department (Senior HR Business Partner) when any decision is made. Records will need to be kept stating when and how these decisions were made. This information should be included on the timeline which the HR Department (Senior HR Business Partner) holds for each investigation which is undertaken.

Depending on the nature and seriousness of the allegation the Police, LADO, Children's Social Care, or Counter Fraud may have to conduct an investigation - this could be either independently or jointly with the HWCCG.

Under Section 42 of the Care Act the local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

The HWCCG will work closely with these agencies regarding the progress of the investigation/enquiries. The focus of Children's Social Care will be the child (and other children who may be at risk) about whom the safeguarding concern has been raised. The focus of the Safeguarding Adults Team would be the adult (and other adults who may be at risk) about whom the safeguarding concern has been raised.

The focus of the HWCCG will be about the HWCCG staff member, including considering risk to other service users, (including children and adults) and in doing so managing re-deployment or suspension of the individual whilst any investigation/enquiry is undertaken. As the Data Owner,

the HWCCG will also need to consider who else should be informed (including Professional Body/other employers).

All employees will be expected to co-operate fully with the investigation. The Head of Quality and Safeguarding (or Chief Nurse in their absence) should contact the relevant agency and consult on parallel working, where possible, to ensure the process is completed as speedily as possible.

Witnesses should not be interviewed where there may be police involvement and not until the police indicate that interviews can proceed (following the strategy discussion). This will be agreed at each stage of the investigation by the key agencies involved and will depend upon the nature of the case.

If there is to be no police involvement or the police have indicated that the HWCCG internal process can be used, the investigation may continue.

Where investigations are conducted independently of the HWCCG by other agencies, managers will work closely with these agencies to assist in the investigation or process, ensuring staff involved are supported at all stages.

Should the Police/Counter Fraud decide not to pursue a criminal investigation the HWCCG will continue their own investigation to conclusion.

Where the person responsible for investigating the allegation of concern about the PiPoT, and / or the Head of Quality and Safeguarding (Chief Nurse in their absence) concludes that the concern does not meet the definition of a PiPoT concern (see Section 2 above), the Head of Quality and Safeguarding (Chief Nurse in their absence) will make a record of the discussion and the decision and the reasons for this conclusion. These details could be drawn upon if further concerns come about in relation to a PiPoT.

Where the person responsible for investigating the allegation and / or the Head of Quality and Safeguarding (Chief Nurse in their absence) concludes that the concern does meet the definition of a PiPoT concern (see Section 2 above), appropriate action must be taken in line with Sections 4, 5, 6, 7 of this policy and procedures.

If disciplinary action is deemed appropriate, then action will be initiated under the HWCCG Disciplinary Policy. The evidence already collected will form the basis of the case and interviews need not be repeated to progress to disciplinary action.

If the allegation does not require formal disciplinary action, appropriate action by the HWCCG should be initiated within 3 working days from the date the decision is made or as soon as is practicably possible.

The LADO/Safeguarding Adults Team Manager should continue to liaise with the HWCCG to monitor progress of the investigation and provide advice and support when required or requested.

The Head of Quality and Safeguarding (or Chief Nurse in their absence) will be key to ensure all parties act appropriately within the scope of this procedure and in a timely manner.

The Head of Quality and Safeguarding (or Chief Nurse in their absence) will liaise with the HWCCG Communications Officer over any queries from the media concerning the allegation. Reputational issues must be managed appropriately by discussion with the relevant communications team.

In addition, if the employee is subject to registration or regulation by a professional body the LADO or Safeguarding Adults Team Manager may advise on whether a referral to that body would be appropriate. It is the Head of Quality and Safeguarding (Chief Nurse in their absence) decision as to whether to do so.

It is essential that every effort must be made to maintain confidentiality and manage communications while an allegation is being investigated.

(Strategy) Planning Meeting.

At this meeting the following issues should be considered:

- Consider what further contact is required with regional staff, local Police, Children's Social Care and Adult Social Care Safeguarding Adults Team. The Head of Quality and Safeguarding (or Chief Nurse in their absence) should be nominated as the link person.
- Whether the child// 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/Enquiry 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 HWCCG Disciplinary 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 child/ adult at risk of harm or abuse, or their nominated parent/guardian/nominated carer and the person making the allegation is to be kept informed of what is happening to their allegation, whilst adhering to the requirements of maintaining confidentiality and observing the requirements of the Human Rights Act and the Data Protection Act. **The sharing of information must not 'contaminate' any CCG, Police or children/adult Social Care investigations that are on-going.**
- The HWCCG Communications team should provide additional support and advice in relation to the handling of any queries from the media concerning the allegation.
- To ensure that the incident has been reported on the STEIS system (if it meets the criteria-see Section 6).
- The information to 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.

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

As detailed in the recent lessons learned report into 'Savile' (*Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile*) by Kate Lampard QC and

Ed Marsden (2015) then it follows that: if a safeguarding allegation is made against a worker working for the HWCCG, who is not directly employed by the HWCCG, the allegation must also be shared with their employer or the body that engaged them at the earliest opportunity. The following are examples of some potential scenarios that might arise, but this is not exhaustive;

- Allegations against NHS England contracted staff including GPs, Optometrists, Dentists and Pharmacists should be reported to NHSE and managed according to the performer's list policies and procedures.
- Allegations made against agency workers must be reported to the appointing agency and referred to the Line Manager who employed them.
- Allegations made against workers employed by external contractors should be referred to the contractor and the relevant lead body in HWCCG responsible for managing the service level agreement with the contractor.
- Allegations made against workers seconded in from another employer to the HWCCG, or embedded with the HWCCG but employed elsewhere, should be reported to the relevant employer.
- Allegations made against volunteers undertaking duties for or on behalf of the HWCCG must also be reported to the voluntary body the person is volunteering with.
- Allegations made against workers engaged under a contract for services should be referred to the HWCCG Commissioning Team as well as the HR Department.

Where PiPoT concerns are identified by partner agencies or services they commission about their employee or volunteer, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults who use their services and if necessary to take action to safeguard those children/adults. If the employer (or student body or voluntary organisation) is aware of abuse or neglect in their organisation, then they have a duty to correct this and protect the child/adult from harm as soon as possible and inform the local authority in accordance with the West Midlands Inter-Agency Child Protection and Safeguarding Procedures and/or West Midlands Adult Safeguarding Policy & Procedures and the Care Quality Commission if a provider registered under the Health & Social Care Act 2008, Regulations 2014.

They also have a duty to consider what support and advice they will make available to their staff or volunteers against whom allegations have been made. Any PiPoT about whom there are concerns should be treated fairly and honestly. The employer has a duty of care towards them.

The Head of Quality and Safeguarding (or Chief Nurse in their absence) should be appointed to undertake the duties set out in section 6 and 7 above to for such allegations. The Process flow chart at Appendix 4 should be followed for all cases.

Despite the fact that allegations against such workers should be reported as above, the HWCCG still retain 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 HWCCG. All such allegations also need to be reported and escalated by the Head of Safeguarding (or Chief Nurse in their absence) in accordance with the requirements of this policy.

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 Head of Quality and Safeguarding (or Chief Nurse in their absence), appointed to deal with the case, should do so on behalf of the HWCCG and advise the other party accordingly.

9. ORGANISED AND HISTORICAL ABUSE

Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions. They should consider whether the matter should be dealt with in accordance with complex abuse procedures which, if applicable, will take priority. (See Organised and Complex Abuse-West Midlands Inter-Agency Child Protection Procedures)

These signs will not necessarily be directly related to abuse but might include blurred professional boundaries, inappropriate behaviour, fraud, deception or the viewing or downloading of images of children. Where the safety of other children or is in question as a result of the allegation, consideration should be given to invoking the Organised and Complex Abuse Procedure, following consultation and guidance from the LADO.

Where the current or future safety of adults is in question as a result of the allegation consideration should be given to raising a safeguarding adult concern.

The process will be co-ordinated by the Head of Quality and Safeguarding (or Chief Nurse in their absence).

Historical allegations should be dealt with in the same way as contemporary concerns. It will be important to ascertain if the accused person is currently working with children or adults and to consider whether their current employer should be informed.

10. SUSPENSION / REDEPLOYMENT

In some cases, it will be necessary for the HWCCG to consider immediate action which needs to be taken e.g. that the employee needs to be suspended or temporarily redeployed. Suspension should be considered in any case where there is cause to suspect a vulnerable person is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious it could potentially be grounds for dismissal. Employees should not be suspended automatically, or without careful consideration.

To ensure consistency of approach this decision to suspend a member of staff will be made by the Head of Quality and Safeguarding (or Chief Nurse in their absence) after consultation with the employee's Line Manager and a Senior HR Business Partner. It may also be necessary to seek the opinion of the LADO or Safeguarding Adults Team Manager.

Both the Head of Quality and Safeguarding (or Chief Nurse in their absence) and Senior HR Business Partner need to be contacted immediately following the allegation.

Suspension should only be considered after careful consideration of alternatives which would remove the employee from the workplace. For example, temporary redeployment to another area where the nature of the allegation is not relevant. Suspension or redeployment will be in line with the HWCCG disciplinary procedure.

11. TIMESCALES

Every effort should be made to resolve cases as quickly as possible consistent with a fair and thorough investigation. Please follow the timeframe set out in the flow chart at Appendix 1.

The Accountable Officer of the HWCCG and Chief Nurse will receive updates on all investigations under this policy with particular attention to suspensions or employees who have been temporarily redeployed pending investigation.

12. RESIGNATIONS AND COMPROMISE AGREEMENTS

If the employee against whom an allegation has been made tenders their resignation or ceases to provide a service, the investigation must proceed in accordance with this procedure. Wherever possible the employee should be given the opportunity to answer the allegation and make representations about it, before consideration is given to all available evidence to reach a judgment about the allegation.

Compromise agreements, which allow for the mutual agreement to terminate the employment relationship, will **not** be used in any of these cases.

13. INFORMATION SHARING

At the beginning of the process all agencies involved in the investigation of the allegation should share all relevant and proportionate information they have about the employee who is subject of the allegation and their victim.

The HWCCG will endeavour to ensure that, wherever possible, the Police should obtain consent from the individuals (HWCCG employees) concerned to share the statements and evidence they obtain with the HWCCG, for disciplinary purposes. This should be done as the investigation proceeds rather than after it is concluded. This will enable the Police and the Crown Prosecution Service to share relevant information without delay at the conclusion of their investigation or any court case.

14. ACTION FOLLOWING A CRIMINAL INVESTIGATION OR A PROSECUTION

The Police or the Crown Prosecution Service should inform the HWCCG and the LADO or Safeguarding Adults Team Manager when a criminal investigation or trial is complete, or if it is decided to close an investigation without charge or not to prosecute after the employee has been charged.

In these circumstances, the LADO or Safeguarding Adults Team Manager will discuss with the HWCCG whether any further action is required and, if so, how to proceed. The information provided by the Police, Children's Social Care and/or Safeguarding Adults Team should inform that decision.

Action by the HWCCG, including dismissal, is not ruled out in any of these circumstances; the range of options will depend upon the circumstances of the case. If a disciplinary hearing is held and the employee is not dismissed the panel will risk assess integrating the employee back into the workplace.

If a criminal investigation finds the defendant not guilty of any charges, the HWCCG may still take action as a result of their own internal disciplinary investigation, which may lead to disciplinary action/dismissal.

15. FINDINGS AND DECISION MAKING

If the allegation is substantiated and the employee is dismissed, or the HWCCG ceases to use the employee's services, or the employee resigns or otherwise ceases to provide their services, the HWCCG must consider the need to make a referral to the Disclosure and Barring Service, and if so, the form and content of any such referral. The referral is the joint responsibility of the Senior HR Business Partner with support from the Head of Quality and Safeguarding (or Chief Nurse in their absence). The Senior HR Business Partner will co-ordinate putting the required information together for submission. Advice may be sought from the LADO or Safeguarding Adults Team Manager but the HWCCG must decide the most appropriate course of action.

In the event that an allegation is shown to have been deliberately invented or malicious, the Head of Quality and Safeguarding (or Chief Nurse in their absence) will ask the Police to consider whether any further action against the person making the allegation might be appropriate. The HWCCG will support the individual against whom the allegation was made. The Head of Quality and Safeguarding, Chief Nurse and Senior HR Business Partner will meet to identify where disciplinary investigations have safeguarding implications to ensure that this policy is followed, and appropriate referrals are made in respect of above.

Arrangements should be made at the conclusion of an investigation to debrief all staff directly involved in the incident.

16. DISCLOSURE AND BARRING SERVICE (DBS)

As an employer of staff in an activity regulated under the Health & Social Care Act 2008, Regulations 2014, (the 'regulated activity'), the HWCCG also have 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 department, Senior HR Business Partner who should seek advice from the HWCCG safeguarding team or, directly through the Head of Quality and Safeguarding (or Chief Nurse in their absence). The following groups may be referred for information to the Disclosure and Barring Service:

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

In addition:

- 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 the HWCCG 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>

17. TRAINING/COMPETENCIES

The Head of Quality and Safeguarding/Designated Nurse for Safeguarding, Chief Nurse, Senior HR Business Partner and all safeguarding nurses must have undertaken 'Managing Allegations Training' within 12 months of this policy being ratified.

All managers must ensure that their staff have received and maintain the right level of safeguarding adult and children training appropriate to their role and responsibilities.

18. POST INVESTIGATION REVIEW (LEARNING PROCESS)

Following the completion of the initial investigation, Head of Quality and Safeguarding (or Chief Nurse in their absence), or Senior HR Business Partner will lead a review of the case and its actions to determine whether there are any improvements to be made to any procedure or practices. All necessary parties which have been involved will be included in this learning process.

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

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.

19. RECORD KEEPING

The HWCCG will keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved, in separate confidential files stored electronically in HR. This record should be cross referenced to the employee's confidential personal file with a copy given to the individual. The Head of Quality and Safeguarding and Senior HR Business Partner 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 HWCCG 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 HWCCG record keeping policy).
- A record keeping checklist is provided in Appendix 2.
- All records should be on the secure Safeguarding drive by the Head of Quality and 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.

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 the 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.

20. MONITORING IMPLEMENTATION

Implementation of this policy will be monitored by the Head of Quality and Safeguarding/Designated Nurse. The Quality Team will inform the Head of Quality and Safeguarding/Designated Nurse of any referrals reported on STEIS.

The Safeguarding Team will disseminate the information related to this policy and report back any issues to the HWCCG Quality Sub-Group.

The Human Resources department will ensure disciplinary processes that require consideration under this policy are managed in accordance with this policy.

The policy will also be used by the Complaints Team in order that any complaints that necessitate consideration under this policy will also be managed in accordance with this policy.

All of the above will be monitored on an on-going basis via the Quality, Performance and Review Committee.

The Head of Quality and Safeguarding/Designated Nurse is responsible for the monitoring, revision and updating of this policy in collaboration with the Senior HR Business Partner. The Head of Quality and Safeguarding/Designated Nurse will act on behalf of the Chief Nurse in this respect and will update the Chief Nurse on its implementation.

21. EQUALITY AND HEALTH INEQUALITIES ANALYSIS

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.
- HWCCG endeavour to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.
- Providers are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. HWCCG staff and Providers will need to assess that the policy is applied fairly and equitably for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.
- Any change to this policy will require a conscious effort from the HWCCG to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of this policy, HWCCG and the Providers, will seek to minimise such an impact and simultaneously carry out a full review.
- HWCCG aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation,

marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

22. WHISTLEBLOWING

All staff should feel confident to voice concerns about the attitude or actions of colleagues. Access to the HWCCG internal whistle blowing policy: 'Raising Concerns (Whistleblowing) Policy' is available on the HWCCG Intranet.

If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by their organisation, they should report the matter to the Designated Officer (LADO) for their area or to the Care Quality Commission. For further information see the Raising Concerns document referenced above.

A Whistle-blowing Helpline is available for employees and organisations working in NHS and Social Care. It offers free, confidential advice to staff that witness wrongdoing and are unsure whether or how to raise their concern, as well as advice on how to respond to whistle-blowing concerns that have been raised.

The helpline number is 08000 724 725, <https://speakup.direct/about-us/>

23. REFERENCES

Birmingham Safeguarding Adults Board - *Protocol for responding to concerns about a person in a position of trust (PiPoT)*.

NHS Coventry and Rugby CCG-*Managing Safeguarding Allegations Against Staff and Persons in Position of Trust Policy and Procedures*.

The Care Act 2014.

The Children Act (1989/2004).

West Midlands Interagency Child Protection Procedures: *Managing Allegations Against Adults who work with Children*.

West Midlands Safeguarding Adults Policy and Procedures.

Working Together to Safeguard Children (HM Government, 2018).

24. ASSOCIATED DOCUMENTATION

Please also see the following HWCCG policies and procedures

- Safeguarding Adults Policy
- Safeguarding Children Policy
- Disciplinary Policy
- Raising Concerns (Whistleblowing Policy)
- Professional Codes of Conduct.

APPENDIX 1 - TIMESCALE FOR INVESTIGATORY PROCESS

Allegation Received



The appropriate line manager or a senior manager will seek advice straight away from the Head of Safeguarding (Chief Nurse in their absence)



Manager ensures that the incident is reported using the HWCCG incident reporting procedure



Decision to be made (**within 1 working day**) by Head of Quality and Safeguarding/Designated Nurse (Chief Nurse in their absence) following consultation with HR Department Senior HR Business Partner / LADO/ Safeguarding Adults Team Manager, when to involve external agencies e.g. Children's Social Care, Police, Counter Fraud as appropriate.



The line manager arranges for statements to be obtained directly from key witnesses **within 24 hours** or as soon as possible thereafter and given to Head of Quality and Safeguarding/Designated Nurse (Chief Nurse in their absence)



Decision to be made by the manager and Head of Quality and Safeguarding/Designated Nurse (Chief Nurse in their absence) **plus** a Senior HR Business Partner regarding employment status e.g. remain in the workplace, redeploy, or suspend



It is the responsibility of the Head of Quality and Safeguarding/Designated Nurse (Chief Nurse in their absence) to liaise with the Senior HR Business Partner **within 48 hours (or next working day)** to agree an appropriate manager to undertake the HWCCG investigation.



If an investigation process is decided, the employee must be informed in writing of the process to be followed, the name of the Investigating Officer and which policy will be followed and support that will be offered to them

e.g. Disciplinary Policy, Management of Allegations Policy, Raising Concerns (Whistle Blowing) Policy



Where possible this should be carried out **within 48 hours (or next working day)** of the incident or as soon as possible thereafter. This is the responsibility of the line Manager, with assistance from Senior HR Business Partner.

The investigation should be conducted as speedily as possible



If external agencies are involved and the HWCCG cannot investigate immediately because of their involvement, it is the responsibility of the investigating officer to make contact on a weekly basis with the agency to ensure the process is being progressed as quickly as possible.



On conclusion of the investigation the Investigating Officer will compile a report of the findings



The report will be presented to the HWCCG Head of Quality and Safeguarding/Designated Nurse (Chief Nurse in their absence) and Senior HR Business Partner who will make a decision on the most appropriate course of action and recommendations made. If disciplinary action is required then the Disciplinary Policy will be followed.



If no formal disciplinary action is required appropriate action by HWCCG must be decided **within 3 working days..**



HWCCG will review the circumstances of the case to determine whether there are any improvements to be made to any procedure or practices.

Please Note:

1. All senior managers should undertake awareness training in relation to management of allegations made against employees in respect of children and adults.
2. Managers appointed to investigate allegations must have undertaken either the CCG Investigatory Skills and/or Root Cause Analysis course.
3. Managers who are asked to either be part of the investigation process or sit on a disciplinary panel will be asked to move diary commitments where possible to facilitate a speedy process.

APPENDIX 2 - CONTACTS:

HWCCG Head of Quality and Safeguarding /Designated Nurse for Safeguarding
via Central Business Support:-01527 482900 or 01905 618999 or 07885265970

Email: Ellen.footman@nhs.net

hw.safeguarding@nhs.net

HWCCG Chief Nurse

Via Central Business Support:-01527 482900 or 01905 618999

HWCCG Human Resources

adminhr.hwccg@nhs.net

Contact with the **LADO** or the Safeguarding Adults Team will be co-ordinated either through the Head of Quality and Safeguarding/Designated Nurse for Safeguarding or Chief Nurse in their absence)

Herefordshire LADO Team contact –

Tel: 01432 261739

lado@herefordshire.gov.uk

Worcestershire LADO Team contact –

Tel: 01905 846221

LADO@worcschildrenfirst.org.uk

Herefordshire Safeguarding Adults Team for advice – 01432 260715

Worcestershire Safeguarding Adults Team for advice– 01905 843189

APPENDIX 3 - ROLES AND RESPONSIBILITIES

Local Authority Designated Officer (LADO) (in cases involving children only)

The Safeguarding Partnerships in both Herefordshire and Worcestershire have appointed LADOs whose responsibilities include:

- Management and oversight of individual cases from all partner agencies.
- Providing advice and guidance to Senior Managers.
- Monitoring the progress of cases to ensure they are dealt with within agreed timescales.
- Ensuring a consistent and thorough process for all adults working with children and against whom allegations are made.
- Maintaining information databases in relation to all allegations.
- Producing qualitative and quantitative reports for the Children's Partnerships and the Department for Education (DfE).
- Coordinating and collating reports to provide information to the Children's Partnerships and the DfE.

- Liaising as necessary with chairs of Strategy Meetings or attending/chairing Strategy Discussions/Meetings.
- Contributing to Children's Partnerships training programmes and awareness-raising across the children's workforce.
- Liaising with Police and the Crown Prosecution Service.
- Discussing with Senior Managers the possibility of referral to the Disclosure and Barring Service and/or to the appropriate Regulatory Body.

HWCCG has a Named Senior Officer - the Chief Nurse and the Head of Quality and Safeguarding/Designated Nurse and whose roles in those circumstances are as follows.

Named Senior Officer (Chief Nurse)

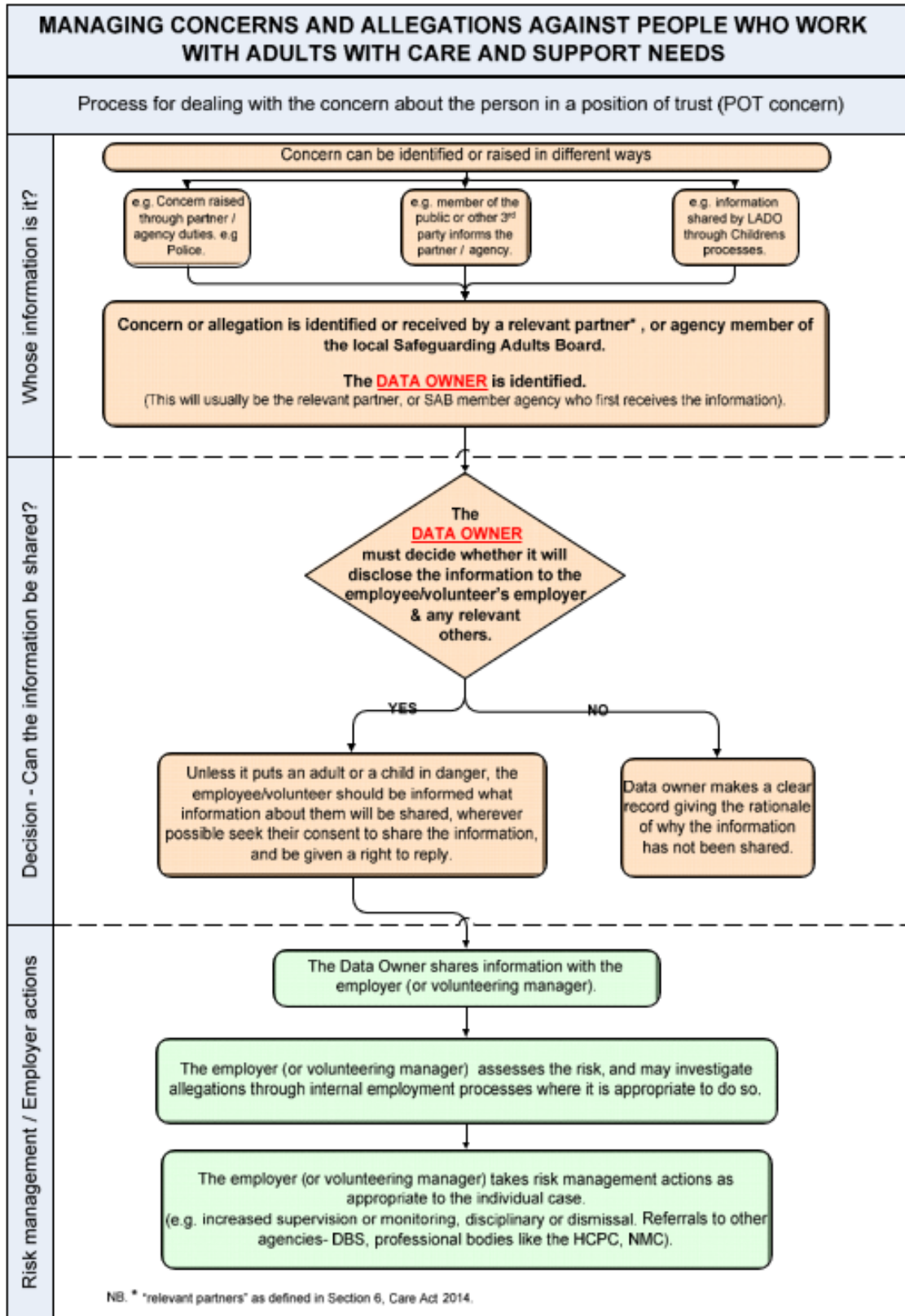
- Ensuring compliance with the standards and procedure outlined in this document.
- Ensuring that this procedure is reflected and implemented within HWCCG commissioning processes and practice.
- Ensuring that the workforce is aware of and implements the procedures regarding allegations against adults who work with children and adults (with care and support needs).
- Ensuring that HWCCG has systems in place to review cases and identify and then implement any changes which would improve both procedures.
- Practice Resolving any inter-agency issues which impede the implementation of the policy.
- Ensuring that HWCCG has effective reporting and recording arrangements in place.

Named Senior Manager (Head of Quality and Safeguarding/Designated Nurse for Safeguarding)

- Ensuring that this procedure is properly applied and implemented within HWCCG.
- Providing advice, information and guidance for staff within HWCCG and wider health economy in Herefordshire and Worcestershire.
- Being the senior manager within the organisation to whom allegations or concerns are reported. This will include any allegations against Temporary, Voluntary or other staff employed by or working on behalf of HWCCG.
- Referring allegations in accordance with this procedure.
- Gathering any additional information which may have a bearing on the allegation, for instance: previous concerns, care and control incidents and so on.
- Supporting the manager to provide the subject of the allegation with information and advise them to inform their union or professional body.
- Attending Strategy Meetings where required.
- Liaising with the LADO.
- Liaising with the Senior HR Business Partner where disciplinary action is required.
- Ensuring that risk assessments are undertaken where and when required.
- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome.
- Undertaking appropriate checks with data held by their organisation.
- Providing reports and information as required by their Named Senior Officer.
- Ensuring appropriate training programmes are in place and accessed by all staff.
- Ensuring relevant support is in place for staff, parents and relevant others.
- Should the allegation be unfounded, giving consideration to a referral either to the HR department (if a HWCCG member of staff) and/ or the police if the allegation is deemed to be deliberately malicious or invented.

- In order to meet these responsibilities, the Senior Manager will need to access advice and guidance from the LADO. The Senior Manager may be, or may represent the employer.
- In the absence of either the Named Senior Manager or Named Senior Officer they will provide cover for each other.

APPENDIX 4 – MANAGING CONCERNS AND ALLEGATIONS AGAINST PEOPLE WHO WORK WITH ADULTS WITH CARE AND SUPPORT NEEDS



APPENDIX 5 - FACTORS TO CONSIDER ON RELATION TO PIPOT NOTIFICATIONS

Questions	No cause for concern	Some cause for concern requiring investigation	Cause for concern
1. The person has behaved in a way that has harmed or may have harmed an Adult with care & support needs?	No harm or potential harm	Some harm or potential harm	Serious harm or potential harm
2. Possibly committed criminal offence against or related to adults at risk?	No	Not to an Adult with care & support needs but the offence is serious	Yes
3. Otherwise behaved towards an adult(s) at risk or in a way that indicates s/he is unsuitable to work with adults .	No	Yes	
4. Has the person behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults must be reviewed?	No	Yes	
5. May be subject to abuse themselves which means their ability to provide a service to adults must be reviewed	No	Yes	
6. Behaved in a way which questions their ability to provide a service to adults which must be reviewed – e.g. conviction for grievous bodily harm who is not an Adult with care & support needs.	No	Yes	
	ALL GREEN NOT SAFEGUARDING OR PIPOT	MORE THAN TWO AMBER - FOLLOW PIPOT PROCEDURE	ONE OR MORE RED - FOLLOW SAFEGUARDING PROCEDURES

APPENDIX 6 - SUGGESTED FORMS FOR RECORDING PIPO T CASES

Ref No:

CONFIDENTIAL AND RESTRICTED			
ALLEGATIONS AGAINST PEOPLE WHO WORK IN POSITIONS OF TRUST (PiPoT) WITH ADULTS WITH CARE AND SUPPORT NEEDS REFERRAL FORM			
Date Referral sent:		Date of alleged incident:	

REFERRER DETAILS	
------------------	--

Family Name		First Name/s	
Position		Email address	
Agency		Tel. No/Mobile	
Address			

This referral applies to allegations or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid who works with or cares for adults . These individuals are known as People in Position of Trust (PiPoT) and the process is the Position of Trust (PoT) process.

Criteria for PiPoT:

Tick those which apply:

	The PiPoT's own work/voluntary activity (with Adults and/or Children) (for example where a worker or volunteer has been accused of the abuse or neglect of an adult or child)
	The PiPoT's life outside work i.e. concerning adults in the family, social circle (for example where a son is accused of abusing his older mother and he also works as a domiciliary care worker with adults . Or where a woman is convicted of grievous bodily harm and also works in a residential home for people with learning disabilities)
	The PiPoT's life outside work i.e. concerning risks to children, the individual's own children or other children (for example where a woman who works in a host authority with women who suffer domestic abuse and lives in the neighbouring authority is subject to child protection procedures involving her own children due to domestic

And the person has:

	Behaved in a way that has harmed or may have harmed an adult .
	Possibly committed a criminal offence against or related to an adult(s) .
	Otherwise behaved towards an adult, or in a way that indicates s/he is unsuitable to work with adults .
	Behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults must be reviewed.
	May be subject to abuse themselves which means their ability to provide a service to adults must be reviewed.
	Behaved in a way which questions their ability to provide a service to an adult, which must be reviewed e.g. conviction for grievous bodily harm against someone who is not an adult .

PERSON IN POSITIONS OF TRUST DETAILS

PERSONAL DETAILS OF THE EMPLOYEE/VOLUNTEER BEING REFERRED for POSITION OF

Family Name		First Names	
DOB		Gender	
Home Address			
ID Number		Tel. No	
Current Address (if different)			
Race	Religion	Language	
Gender	Sexuality	Disability	

Other household Members (including non-Family members)

Name	M/F	DOB	ID	Relationship to Child/ /Adult	First Language	Parental Responsibility	
						Yes	No

Organisation & Address the Person in Position of Trust Works/Volunteers for:

--

Is the organisation named above CQC Registered?	Yes / No
Job Title & Role:	
Does the Person in Position of Trust have a Professional Registration? (e.g. NMC, HCPC, GMC etc.)	Yes / No State: NMC / HCPC / GMC / (specify)
Manager Contact Details at Employing Organisation:	Name: Address: Email: Telephone:
Current employment status:	
Has this person been referred to the PiPoT Lead before? When? What were the concerns and the outcome? e.g. managed as an advice issue or went to a PiPoT meeting	Yes / No
Does the Person in Position of Trust know you are making this referral?	Yes / No
If not why not? (please note there may be situations where the adult may be placed at greater risk if the PiPoT is informed immediately)	
INCIDENT/CONCERNS DETAILS	
Brief description of concerns:	
Was the victim a child or adult?	Child / Adult / Other (please state)
Are there adult or children's safeguarding procedures currently in process?	Adult Safeguarding Procedures: Yes / No Children's Safeguarding Procedures: Yes / No

Police Crime Reference Number <i>(if applicable)</i>	Person in Position of Trust:	
	Child (if applicable):	
ALLEGED VICTIM'S DETAILS		
No. of Alleged Victims		
1st Adult / Child / other individual		ID Number if applicable:
Full Name:		DOB:
Gender:	Male / Female	
Current/Past LA Involvement:	Child in need / child protection	
(if a child) Parent's names and DOB: <i>(if different)</i>	Adult / Child's Relationship to the Alleged Person in Position of Trust:	
2nd Adult / Child / other individual		ID Number if applicable:
Full Name:		DOB:
Gender:	Male / Female	
Current/Past LA Involvement:	Child in need / child protection	
(if a child) Parent's names and DOB: <i>(if different)</i>	Adult / Child's Relationship to the Alleged Person in Position of Trust:	
3rd Adult / Child / other individual		ID Number if applicable:
Full Name:		DOB:
Gender:	Male / Female	
Current/Past LA Involvement:	Child in need / child protection	
(if a child) Parent's names and DOB: <i>(if different)</i>	Adult / Child's Relationship to the Alleged Person in Position of Trust:	

Please provide names of key individuals connected to the alleged Person in a Position of Trust as the PiPoT Lead / Managing Officer will need to consider who to invite to the PiPoT meeting:

Job role/title	Name and Job role	Organisation	Telephone Number	Email Address
Supervisor/Line manager				
HR/Personnel				
Provider Manager				
Police contact				
Contract and Commissioning contact for provider				
CQC for provider				
Health Professional				
Others				

Please provide names of key individuals connected to the alleged Victim(s) as the PiPoT Lead / Managing Officer will need to consider who to invite to the PiPoT meeting:

Job role/title	Name and job role	Organisation	Telephone Number	Email Address
Social Worker				
Health Professional				
Advocate				
Provider				
Voluntary Agency				

Contract and Commissioning contact for provider				
Others				

For Completion by PiPoT Lead / Managing Officer – PiPoT Case Recording (record name after each entry or group of entries).

<u>PiPoT Lead / Managing Officer - ADVICE</u>		<u>PiPoT Lead / Managing Officer ACTIONS</u>	
Date referral received			
PiPoT Lead DECISION:			
Not Adult PiPoT. Referred to another process / procedure (specify):	<input type="checkbox"/>	Initiate PiPoT procedures	<input type="checkbox"/>
Request further information from referrer (Referrer to action)	<input type="checkbox"/>	Request further information from other sources (PiPoT Lead to action)	<input type="checkbox"/>
Refer to other PiPoT Lead for management	<input type="checkbox"/>	Refer to LADO if appropriate	<input type="checkbox"/>
PiPoT Lead DECISION DATE:			

For Completion by PiPoT Lead - PiPoT Case Recording (record name after each entry or group of entries)

Date/Time	Recording	Outcome/Actions	Contact Details

Position of Trust Planning Meeting Agenda Template

Chair		Date	
Start Time		Finish Time	
Venue		Minute Taker	
Person in Position of Trust		Employer and Role	
Confidentiality Statement			
<p>Those present are reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. All agencies should develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. The minutes will aim to reflect that all individuals who are discussed at the meetings should be treated fairly, with respect and without discrimination. All decisions undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.</p> <p>Minutes of this meeting could be shared as part of criminal, civil or disciplinary proceedings, or as part of investigations concerning whether an individual should be barred from working with children or adults.</p> <p>If further disclosure is considered to be appropriate, permission must be sought from the Chair of the meeting.</p> <p>The minutes should not be photocopied or shared without the agreement of the Chair.</p>			
Purpose of the Meeting			
<p>This meeting is held under the WSAB Position of Trust Guidance Protocol (2017) to:</p> <ul style="list-style-type: none"> • Share information • Agree actions to be taken, by whom and by when • Risk assess 			
Agenda			
1	Introductions and confidentiality statement		
2	Detail of the allegations (to include current and previous allegations, details to whom the allegation relates)		
3	How this is relevant to their employment with adults		
4	Relevant information from attendees		
5	Risk assessment <ul style="list-style-type: none"> • To consider the safety of adult/s concerned • To consider the safety of other adults or children 		
6	Agree support to person in position of trust		
7	Agree feedback mechanism to the referrer (who, what, when)		
8	Planning the management of the allegation		
9	Consider strategy for media enquiries (if relevant)		
10	Next steps including details of further meetings		
11	AOB		

Position of Trust Case Closure Agenda Template

Chair		Date	
Start Time		Finish Time	
Venue		Minute Taker	
Person in Position of Trust		Employer and Role	
Confidentiality Statement			
<p>Those present are reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. All agencies should develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. The minutes will aim to reflect that all individuals who are discussed at the meetings should be treated fairly, with respect and without discrimination. All decisions undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.</p> <p>Minutes of this meeting could be shared as part of criminal, civil or disciplinary proceedings, or as part of investigations concerning whether an individual should be barred from working with children or adults.</p> <p>If further disclosure is considered to be appropriate, permission must be sought from the Chair of the meeting.</p> <p>The minutes should not be photocopied or shared without the agreement of the Chair.</p>			
Purpose of the Meeting			
<p>This meeting is held under the PiPoT Protocol to:</p> <ul style="list-style-type: none"> Gain feedback from agreed actions from the PiPoT planning meeting or discussions Reach a formal determination of the case Further risk assess 			
Agenda			
1	Introductions and confidentiality statement		
2	Summary of original allegations		
3	Feedback of agreed actions from planning meeting or discussion		
4	Risk assessment <ul style="list-style-type: none"> To consider the safety of adult/s concerned To consider the safety of other adults or children 		
5	Agree formal determination of the case		
6	Agree actions (includes disciplinary action. Referral to regulator and professional bodies (e.g. HCPC, NMC), Disclosure & Barring Service, criminal prosecution etc.)		
7	Consider strategy for media enquiries (if relevant)		
8	Agree feedback to person in position of trust		
9	Agree feedback mechanism to the referrer (who, what, when) and relevant others		
10	AOB		

Position of Trust Planning Meeting Minutes Template

Chair		Date	
Start Time		Finish Time	
Venue		Minute Taker	
Person in Position of Trust		Employer and Role	
Present			
Apologies			
Non Attendees			
Confidentiality Statement Read Out			
Detail of the Allegations			
How this is relevant to their Employment			
Agree Feedback mechanism to the referrer (who, what, when)			
Risk Assessment			
Agree Support to the person in position of Trust			
Agree Feedback mechanism to the referrer (who, what, when)			
Planning the management of allegation.			
	Actions	By Whom	By When
1			
2			
3			
4			
Strategy for Media Enquiries			
Next Steps / further Meetings			
AOB			

This record is issued in the belief that it accurately reflects the meeting. Please contact the chair within SEVEN days of receipt to record any inaccuracies or omissions. This record is confidential and is not to be reproduced or copied to others without the Chair's approval

Position of Trust Case Closure Minutes Template

Chair		Date	
Start Time		Finish Time	
Venue		Minute Taker	
Person in Position of Trust		Employer and Role	
Present			
Apologies			
Non Attendees			
Summary of the Allegations			
Feedback of agreed actions from planning meeting or discussion.			
Risk Assessment			
Formal Determination of the cases			
	Agreed actions from this meeting	By Whom	By When
1			
2			
3			
4			
5			
Strategy for media enquiries.			
Agree feedback to person in position of Trust.			
AOB			

This record is issued in the belief that it accurately reflects the meeting. Please contact the chair within SEVEN days of receipt to record any inaccuracies or omissions. This record is confidential and is not to be reproduced or copied to others without the chair's approval.

Template: Suggested Database (for data collection and checking for previous concerns)

Date PiPoT concern received	Date	
From	Referrers details	Name Organisation Contact details
In relation to	PiPoT details	Name Addresses DOB Contact details Position of trust detail (job/role)
Specific to their employment/placement with	Employer/managers details	Name Organisation Contact details
The concerns are	Details of allegation/concern	What, when
The concerns is going to be managed by	Managed by	Safeguarding Adults Safeguarding Children Adult PiPoT Guidance Children's PiPoT procedure NO PiPoT process
Date passed to employer	Date passed to employer	
Outcome	Outcome	Date Outcomes Referrals to regulatory bodies etc.