

# Safeguarding Children and Adults: Managing Allegations and Concerns Policy

(Allegations and Concerns that an employee or those who act in the capacity of employees may pose a risk to a child, young person or an adult in need of safeguarding)

## 2018-2022

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CONTROL RECORD			
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			Sponsor Chief Nurse
			Team Safeguarding
Title	Safeguarding Children and Adults: Managing Allegations and Concerns Policy  (Allegations and Concerns that an employee or those who act in the capacity of employees may pose a risk to a child, young person or an adult in need of safeguarding)		
Amendments	Updated to v1.1 to reflect NHS Nottingham and Nottinghamshire CCG (merged 1 April 2020), along with new Review Date		
Purpose	The purpose of this policy is to ensure that any allegation or suspicion of abuse is taken seriously and appropriate actions are taken to protect children, young people or adults in need of safeguarding.		
Superseded Documents	Adopted from original Version 4.1 of the policy of the same name		
Audience	All employees of the Nottingham and Nottinghamshire CCG (including those working within the organisation in a temporary capacity)		
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<p><b>This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</b></p>			

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## 1. Introduction

- 1.1 This policy applies to the Nottingham and Nottinghamshire Clinical Commissioning Group and Bassetlaw CCG (subsequently referred to as 'the CCG').
- 1.2 The CCG recognises the importance of safeguarding children and vulnerable people and are committed to creating a climate in which allegations or concerns can be raised without fear or recriminations. This policy is designed to inform managers and employees of their roles and responsibilities, and the correct procedure to follow when an allegation or concern of abuse is made against an employee or a person acting in the capacity of an employee. The procedure provides clarity on how to handle an allegation or concern.

## 2. Purpose

- 2.1 This policy defines the process for dealing with an allegation or concern that an employee or those acting in the capacity of employees may be harming or pose a risk to a child, young person or vulnerable adult in need of safeguarding.
- 2.2 The aims of this document are to:
  - Define effective procedures to support and manage the process.
  - Inform managers and employees on the principles and process to be followed.
  - Provide a fair and consistent framework for managing the process.
  - Ensure allegations or concerns are managed promptly and in compliance with other organisational policies and procedures (eg. safer recruitment, disciplinary, whistleblowing, safeguarding children and adults) and the Nottingham City and Nottinghamshire Safeguarding Children and Adult Boards Procedures.
  - Ensure all allegations or concerns are handled sensitively and in confidence.
- 2.3 This policy complies with the following requirements:
  - Children Act 1989 and 2004.
  - The Care Act 2014.
- 2.4 This policy recognises good practice as detailed in:
  - Nottinghamshire Safeguarding Children Board's Safeguarding Children Procedures '[Allegations Against Staff or Volunteers](#)'
  - [Nottinghamshire Multi-agency Policy and Procedure for Safeguarding Adults](#)

### 3. Scope

3.1 This policy applies to all employees of the organisation and those acting in the capacity of employees. In some instances within the context of the policy the term 'employee' can be interpreted as meaning employees of the organisation, individuals provided through an employment agency, volunteers students or lay representatives.

3.3 This policy does not apply exclusively to individuals working directly with the public; it also applies to those having access to records, photographs, individual patient data or visiting NHS sites in the course of their duties.

3.4 The policy applies whether the allegations arise in connection with;

- the employee's work
- children, young people or adults in need of safeguarding living within the employees household
- children young people or adults in need of safeguarding living outside the household
- whether the concern or suspicion is current or historical

*(See **Appendix 3** – Safeguarding Children/Adults in Need of Safeguarding: 'Risk by Association' Employee Assessment)*

3.5 The policy also relates to allegations that might indicate that the employee is 'unsuitable' to continue to work with children, young people or adults in need of safeguarding in their present position, or in any capacity.

*The notion of 'suitability' may relate to a specific act; an accumulation of concerns; or behaviours occurring outside the workplace which invite judgment in respect of the compatibility, of such, with their 'work' role. (Nottingham/Nottinghamshire Safeguarding Children and Adult Board Safeguarding Procedures).*

3.6 This policy does not cover independent contractors. In this instance a decision would be made between the organisation's complaints processes and NHS England performance procedures governing independent contractors.

3.7 This policy should be read in conjunction with the Nottingham City and Nottinghamshire Safeguarding Board's Children and Adults Safeguarding Procedures and the organisation's Disciplinary Policy and Procedure.

3.8 The policy should be used in respect of all cases where it is alleged that a person who works with children, young people or adults in need of safeguarding has;

- behaved in a way that has harmed, or may have harmed children, young people or adult in need of safeguarding
- possibly committed a criminal offence against, or related to a child, young person or adult in need of safeguarding; or
- Behaved in a way that indicates that s/he is unsuitable to work with children, young people or adults in need of safeguarding.

(The above is not a comprehensive list).

3.9 Concerns may be contemporary in nature, historical, or both. Even when concerns are clearly historical, allegations may have implications for the safety of other children or adults now; and should be dealt with within this procedure.

#### 4. Definitions

4.1 It is not possible to definitively set out, for the purpose of this policy, all the situations that comprehensively define what counts as “Harm”. Definitions of harm are provided in Nottinghamshire Safeguarding Children and Adult Board Procedures

4.2 For the purpose of this policy, a child is anyone that has not yet reached their 18th birthday and the term “children” therefore means children and young people.

#### 5. Principles of Good Practice in considering Suspicions of Abuse

5.1 Concerns about a member of staff may arise in many different ways, including;

- A direct allegation from a child or parent/carer, or an adult in need of safeguarding;
- A concern expressed by a colleague;
- A criminal investigation;
- Investigation under a performance and conduct exercise;
- Through the Complaints, Concerns and Enquiries Policy;
- Information from another authority or organisation or third party.

#### 6. Roles and Responsibilities

6.1. This section should state the key responsibilities for specific roles and staff groups in relation to delivering the documents objectives:

Role	Responsibilities
Chief Operating Officer (COO)	Has overall responsibility for the strategic and operational management of the CCG, and has a duty to ensure that the requirements of this policy are upheld.
Members of the Governing Body	Have responsibility for ensuring that Managers are aware of this policy and that they comply with the procedures outlined within it.
Managers	Should ensure that all employees are aware of their individual responsibilities regarding safeguarding. All staff should know who within the organisation can offer professional advice and support in relation to safeguarding procedures and the implementation of this policy.

Role	Responsibilities
All Members of Staff	Are required to comply with the requirements of this policy. They should be aware of their responsibilities regarding safeguarding and know who within the organisation can offer professional advice and support in relation to safeguarding procedures and the implementation of this policy.
Chief Nurse	Is responsible for the implementation, monitoring and review of this policy. Will ensure this policy is compliant with legislation, regulations and policy and review and amend it accordingly in line with specified timescales. This will be undertaken in consultation with the Designated Professionals for Safeguarding Children and the Lead Professional for Safeguarding Adults. In addition, the Chief Nurse will work closely with the Director of Human Resource Services, to promote a consistent approach across the local health community.
Named Senior Officer (NSO)	<p>Nottinghamshire CCG is required to have a NSO as a Strategic Lead with responsibility for ensuring operation of this policy, addressing any inter-agency issues, and liaising with the Local Safeguarding Children/Adult Boards. This role should be undertaken by the Executive Safeguarding Lead or their delegate (see <b>Appendix A</b> – key contact details). They must oversee the process within the CCG to which allegations or concerns are reported. The CCG must also identify a delegate to act in their absence, or in the event that allegations are made against the NSO. The NSO has overall responsibility for ensuring that processes are congruent with;</p> <ul style="list-style-type: none"> <li>• Nottinghamshire Safeguarding Children Board’s Safeguarding Children Procedures ‘<a href="#">Allegations Against Staff or Volunteers</a>’.</li> <li>• <a href="#">Nottinghamshire Multi-agency Policy and Procedure for Safeguarding Adults</a></li> </ul> <p>Where allegations involve children, the NSO, or their delegate will be responsible for liaison with the Local Authority Designated Officer (LADO); they will participate in strategy discussions and review progress of the case.</p> <p>Where allegations involve adults the NSO will liaise with the local authority Adult Safeguarding Lead in the first instance to resolve interagency issues.</p> <p><i>Note: If the allegation is against the NSO, it will be necessary to contact their delegate.</i></p>

Role	Responsibilities
Local Authority Designated Officer (LADO) (Children)	The LADO is responsible for overseeing individual cases and providing advice and guidance to other employers and voluntary organisations. They will ensure that decisions are made as objectively as possible and monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.
Local Authority Safeguarding Manager (Adults)	The Safeguarding Manager (Local Authority Adults) is responsible for overseeing and co-ordinating responses in individual cases and providing advice and guidance to other employers and voluntary organisations. They will ensure that decisions are made as objectively as possible and monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

## 7. Procedure for Response to an Allegation or Concern

- 7.1 Any employee who receives an allegation or is aware of a staff member who has harmed or behaved in a way to pose a risk of harm to a child or adult in need of safeguarding should ensure the immediate safety and welfare of the individual who has allegedly been abused. This may include urgent medical attention. Care must be taken to ensure that nothing is done to destroy any potential evidence. They **MUST** report their concerns to their line manager immediately; (**unless** the allegation specifically relates to the line manager; in which case they would need to speak to the NSO directly). Staff can seek advice from the Designated /Lead Safeguarding Professionals – see **Appendix C** for key contact details.
- 7.2 If an allegation is made against an employee on a safeguarding issue outside of normal working hours, the Director on-call for Silver Command should be contacted.
- 7.3 The person to whom an allegation or concern is first reported must treat the matter seriously and keep an open mind.

He/she **must not**:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

He/she **must**:

- Make a written record of the information (where possible in the child/adult's own words), including time, date and place of incident(s), persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the NSO, or their deputy in his/her absence or where the NSO is the subject of the allegation.

### **Initial Action by the Named Senior Officer (NSO) (or their delegate)**

- 7.4 The NSO must decide whether the allegation or concern requires an executive led response or can be delegated to an identified senior manager for further action.
- 7.5 The NSO must not investigate the matter or interview the member of staff, child or adult concerned or potential witnesses. He/she must:
- Obtain the initial written details of the allegation or concern, signed and dated by the person receiving the allegation (not the child/adult making the allegation);
  - Countersign and date the written details provided above;
  - Keep a written record of any additional information about times, dates and location of incident(s) and names of any potential witnesses;
  - Keep a written record of details of the child/parent/carer and any siblings, or the adult/carer;
  - Keep a written record of discussions about the child/adult and or employee, any decisions made, and the reasons for those decisions;
  - Sign and date all written records they make;
  - At the appropriate stage liaise with the employee's line manager to identify an appropriate investigating officer;
  - Consider seeking advice from the Designated Safeguarding Professionals (Children) or Safeguarding Lead (Adults);
- 7.6 Once sufficient information relating to the allegation has been obtained and reviewed the NSO, in conjunction with the above safeguarding professionals (where appropriate), will decide if this is a safeguarding issue or whether the matter requires management via the Complaints, or Performance and Disciplinary route.
- 7.7 Where the allegation or concern suggests that a child or adult in need of safeguarding has been harmed, or is at risk of harm, the Nottinghamshire Safeguarding Children or Adults Board's Safeguarding Procedures must be followed.

- 7.8 If the allegation relates to a child or young person, the NSO must report the matter to the Local Authority Designated Officer (LADO) within one working day. Allegations relating to adults in need of safeguarding should be made to the Local Authority Safeguarding Manager (Adults). Referrals must not be delayed in order to gather additional information. Failure to report an allegation or concern is a potential disciplinary matter.
- 7.9 The NSO in conjunction with the LADO (Children) and the Local Authority Safeguarding Manager (Adults) should consider whether further details are needed and whether there is evidence which shows that the allegation is false or unfounded, taking care to ensure that the child/adult is not confused as to dates, times, locations or identity.
- 7.10 The NSO is also responsible for ensuring that a Serious Incident has been raised.

### **Initial Consideration of an Allegation or Concern (Multi-agency)**

- 7.11 There may be up to three strands in the consideration and management of an Allegation or Concern:
- A Police investigation of a possible criminal offence;
  - Local Authority Children's Social Care / Adult Social Care enquiries and/or assessment about whether a child/adult is in need of protection or services;
  - Consideration by an employer of disciplinary action.

## **8. Communication with the Subjects of the Allegation and their Families**

- 8.1 The parent/carer/next of kin/child/adult in need of safeguarding should be provided with appropriate information to help them understand the process involved and the progress of the case. For children and adults who do not have capacity the amount and format of the information given should be carefully considered to ensure that it is appropriate to their age or level of understanding e.g. to provide reassurance that they are being listened to and their concerns are being taken seriously. A decision will be made at the strategy meeting/discussion, regarding the most appropriate person to undertake this. They should also be informed that the CCG has appropriately dealt with the matter in line with its own internal policies and procedures.
- 8.2 Any communication with the subjects should be undertaken in negotiation with the Local Authority Social Care Services (Children or Adults) and where appropriate, the Police, to ensure that the needs of the child or adult are addressed and that any legal or criminal processes are not compromised.

## **9. Communication with the Employee**

- 9.1 The Police and Social Care Services (Children or Adults) should be consulted before informing the employee of an allegation (as a criminal investigation may be ongoing).
- 9.2 Thereafter, the employee should be helped to understand the processes involved and the possible outcomes and kept informed of progress in the case by the NSO, or their deputy. The employee should be advised to contact his/her union or professional association at the earliest opportunity. Human Resources should be consulted about the support available.
- 9.3 If it is decided, on the basis of the referral or subsequent initial discussion / assessment, that safeguarding processes are required; an inter-agency strategy meeting/discussion will be convened. The NSO or their delegate, will co-ordinate health attendance and oversee actions required. The CCG should identify clear and named points of contact for regular updates, advice and support to the employee and their representatives in individual cases.

## **10. Organised and Non-Recent Abuse**

- 10.1 The LADO (children) and Local Authority Safeguarding Manager (Adults) should be informed of any concerns or organised or widespread abuse, as complex abuse procedures may need to be applied.
- 10.2 The response to historical allegations should be the same as for contemporary concerns. In this context, the terms 'historic' and 'non-recent abuse' means any information that indicates that an adult was abused when they were a child.

## **11. Inter-agency Strategy Discussion/Meeting (within 24 hrs)**

- 11.1 If the allegation is not demonstrably false and there is cause to suspect that a child/adult is suffering or is likely to suffer significant harm or a criminal offence might have been committed, the LADO (Children) or Local Authority Safeguarding Manager (Adults) should contact Children's /Adult Social Care and/or the Police and ask for an immediate strategy discussion to decide on appropriate action.
- 11.2 A strategy discussion may take the form of a meeting, but on occasions for the sake of expediency a telephone discussion may be justified. A strategy meeting is likely to include from Nottinghamshire CCG, the following:
- Named Senior Officer / Senior Manager;
  - Director of Quality and Safety;
  - Senior Officer Human Resources;
  - Designated Safeguarding Children Professionals / Lead for Adult Safeguarding (as appropriate);
  - Relevant health professionals/s from other organisations as necessary.

- 11.3 The strategy discussion will decide whether or not there should be a Police investigation and/or enquiries by Children's /Adult's Social Care, and whether any parallel disciplinary process can take place. It should also agree what information will be imparted to the employee and consider issues such as support for the child/adult and the employee, and possible media interest.
- 11.4 If it is decided that a safeguarding investigation is necessary the following factors are of particular significance where suspicions of abuse involve an employee of the organisation;
- Identification of all the children / adults who may be affected by the investigations so that their protection can be considered;
  - Consider appropriate action to be taken as part of a performance and conduct exercise and discuss processes to be followed;
  - Agree the co-ordination of the investigation and planning.

## **12. Exclusion**

- 12.1 Exclusion is a neutral act and should not be automatic. Exclusion should be considered in any case where:
- There is cause to suspect a child/adult is at risk of significant harm; or
  - The allegation warrants investigation by the Police; or
  - The allegation is so serious that it would, if substantiated, fundamentally compromise the employment relationship and it is not feasible to temporarily redeploy the individual.
- 12.2 Exclusion may also be considered in other circumstances as outlined in the CCG's Disciplinary Policy.
- 12.3 The LADO (Children), Local Authority Safeguarding Manager (Adults) should canvass the views of Police and Children's /Adult's Social Care, if involved, and inform the NSO. The CCG cannot be required to exclude the employee. If appropriate, alternatives to exclusion should be considered.
- 12.4 If, following consultation with the above and the other agencies involved, the NSO makes a decision to exclude an employee this must be carried out in line with the CCG's Disciplinary Policy.

### **Persons to be notified about the exclusion of an employee**

- 12.5 Information about the exclusion should be provided on a 'need to know' basis and with regard to the need to avoid unwelcome publicity. Advice should be sought from the LADO (Children); or Local Authority Safeguarding Manager (Adults) as the Police may wish to impose restrictions on who should be informed and the amount of information given.
- 12.6 Subject to any restrictions imposed, appropriate managers should be informed of the exclusion, but only the minimum information should be given.

### **13. Investigations and Disciplinary Processes**

- 13.1 The CCG's own investigations and disciplinary processes may continue in parallel with any Police investigation and/or Children's Social Care/Adult Social Care enquiry. In all cases the NSO will discuss the decision of the CCG with the LADO (Children) or Local Authority Safeguarding Manager (Adults) and, where applicable, the Police to ensure that the actions of the CCG will not prejudice their investigations.
- 13.2 The NSO and the LADO (Children) or Local Authority Safeguarding Manager (Adults) should discuss whether an investigation and disciplinary process is appropriate in all cases where:
- It is clear at the outset or decided by a strategy discussion that a Police investigation or Social Care enquiry is not necessary; or
  - The CCG or LADO (Children) or Local Authority Safeguarding Manager (Adults) is informed by Police or the Crown Prosecution Service (CPS) that an investigation and trial is complete; or
  - That an investigation or prosecution is to be discontinued.
- 13.3 The discussion should consider any potential misconduct or gross misconduct on the part of the employee, and take into account:
- The outcome of any investigation or trial (the Police and/or Children's/Adults Social Care should provide the CCG with relevant information without delay).
  - The different standard of proof required by the CCG's Disciplinary Policy and criminal proceedings
- 13.4 If formal disciplinary action is not required or no capability issues have been identified, the NSO will meet with the employee as soon as possible to advise them of the outcome and any necessary arrangements for reintegration into the workplace.
- 13.5 If an investigation is required, the NSO and the LADO (Children) or Safeguarding Manager Adult Social Care should discuss whether the organisation has appropriate resources to undertake an investigation. The nature and/or complexity of the case, and the need to ensure objectivity, may necessitate the commissioning of an external independent investigation. The investigation must be conducted in line with the CCG's Disciplinary Policy.
- 13.6 The aim of an investigation is to obtain, as far as possible, a fair, balanced and accurate record in order to consider the appropriateness of disciplinary action and/or the employee's suitability to work with children or adults. Its purpose is not to prove or disprove the allegation. If, at any stage during the investigation process, new information emerges that requires a child / adult safeguarding referral, the investigation should be suspended and only resumed if agreed with Children's/Adult's Social Care and the Police. Consideration should again be given as to whether exclusion is appropriate in light of the new information.

## **14. Internal Procedures**

- 14.1 The CCG should consider whether an investigation is required. Information from the Police and Social Care should inform this decision but not pre-empt any action.
- 14.2 No internal investigations should be commenced without the agreement of the Police for those cases where there is an on-going Police investigation or criminal proceedings are pending.
- 14.3 If it is decided that safeguarding inquiries or a criminal investigation is not necessary, the inter-agency strategy meeting should discuss the next steps. There may still be a need for the CCG to consider the information and take steps to address the concerns raised, including whether the information indicates that the employee may be unsuitable to work with children or adults in need of safeguarding.
- 14.4 In some situations the employee may resign or retire before an allegation can be investigated. It is important not to regard this as a solution to the problem; the internal investigation should continue until it reaches a conclusion.
- 14.5 The employee should be given an opportunity to answer the allegations, if possible. The employee may also be known to be in contact with children or adults in need of safeguarding in other settings and this should be followed up.
- 14.6 In any case involving allegations or concerns about conduct towards children or adults in need of safeguarding, no 'compromise' agreement should be entered into, involving resignation, avoidance of disciplinary action or provision of references.
- 14.7 The CCG should have systems for ensuring that consideration is given to passing on information about safeguarding concerns when an employee moves position; to include employment references where the investigation substantiates the allegations. The CCG must ensure that any disclosure is in accordance with the Data Protection Act 1998.

## **15. Record Keeping**

- 15.1 A clear and comprehensive summary of the case should be kept on the employee's confidential personnel file and he/she provided with a copy. The record should include details of how the allegation was investigated, the decisions reached and the action taken. It should be kept at least until the person reaches normal retirement age or for ten years from the date of the allegation if that is longer. Records relating to allegations which have been found to have no substance must also be retained in the same manner. Accurate record keeping and retention will allow for patterns of behaviour which pose a risk to children and adults in need of safeguarding to be identified. Employers are also recommended to keep a copy of the Independent Safeguarding Authority (ISA) Referral on file if this has been undertaken.

## **16. Disclosure and Barring Service (DBS) (previously, Independent Safeguarding Authority (ISA))**

- 16.1 As an employer of staff in a 'regulated activity' the CCG 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 CCG Quality and Patient Safety Team or directly through the NSO.
- 16.2 There may be a referral for information to the Disclosure Barring Service, if an employee or worker of the CCG 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' ([refer to the Government DBS website](#));
- 16.3 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 CCG 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](#) following their current instructions.
- 16.4 If the employee is in a registered profession, then consideration should also be given as to whether they may have breached their professional code of practice, and whether the matter is purely a professional issue, or a safeguarding issue, or both. The legal duty to refer to the DBS remains irrespective of any referral being made to a regulatory body.

## **17. Serious Incident Referral**

- 17.1 At any point in the process, the criteria for raising a Serious Incident may be met, please follow the [NHS England Serious Incident Framework](#).

- 17.2 The NSO is responsible for ensuring that any abuse or allegation of abuse, as defined in this policy, has been reported in accordance with the CCG's Incident Reporting Policy, for the reporting of Incidents/Accidents/Near Misses and Dangerous Occurrences.

## **18. Unfounded and False Allegations**

- 18.1 If an allegation is demonstrably false, the LADO and the NSO should discuss and agree whether to refer the matter to Children's Social Care/Adult Social Care for them to determine if the child or adult is in need of services, or might have been abused by someone else. If the allegation has been deliberately invented, the Police should be asked to consider what action might be appropriate.

## **19. Learning Lessons**

- 19.1 A final strategy discussion should be held to ensure that all tasks have been completed and, where appropriate, an action plan agreed for future practice, based on lessons learnt. The CCG and the LADO should review the circumstances of the case to determine whether or not any improvements are required to current procedures or practice.

## **20. Communication, Monitoring and Review**

- 20.1 The CCG receives an annual report from the NSCB which identifies referrals into the LADO by health. The Designated Safeguarding Nurse will monitor the effectiveness of this policy in conjunction with Human Resources and the Designated Professionals for Safeguarding Children or Lead Professional for Safeguarding Adults, as appropriate.
- 20.2 The policy will be reviewed through auditing referrals, incidents and the use of the correct procedure and approved by the CCG's Quality and Performance Committee.
- 20.3 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the document author.

## **21. Staff Training**

- 21.1. Staff need to be compliant with mandatory Safeguarding Adults and Safeguarding Children training commensurate to their roles as described in the CCG's Safeguarding Policy.

## **22. Equality and Diversity Statement**

- 22.1. The Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as a commissioner and as an employer.
- 22.2. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 22.3. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.
- 22.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 22.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

## **23. Interaction with other Policies**

- 23.1 There are a range of CCG policies and procedures which relate to this policy and should be read in conjunction with it:
- Safeguarding Strategy;
  - Safeguarding Policy;
  - Raising Concerns (Whistleblowing) Policy;
  - Complaints, Concerns and Enquiries Policy;
  - Disciplinary Policy.

23.2 There are also external multi-agency policies, procedures and guidance which relate to this policy and should be read in conjunction with it as follows:

- Nottinghamshire Safeguarding Children Board Safeguarding Children Procedures
- Nottinghamshire Safeguarding Adults Multi-agency safeguarding policies and procedures

## **24. References**

24.1. An appropriate literature review should have been undertaken in the development of the document and references should be stated.

## 25. Equality Impact Assessment

<b>Date of assessment:</b>	<b>September 2019</b>			
<b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b>	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
<b>Age<sup>1</sup></b>	No	N/A	N/A	N/A
<b>Disability<sup>2</sup></b>	No	N/A	N/A	N/A
<b>Gender reassignment<sup>3</sup></b>	No	N/A	N/A	N/A
<b>Marriage and civil partnership<sup>4</sup></b>	No	N/A	N/A	N/A
<b>Pregnancy and maternity<sup>5</sup></b>	No	N/A	N/A	N/A
<b>Race<sup>6</sup></b>	No	N/A	N/A	N/A

<sup>1</sup> A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

<sup>2</sup> A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

<sup>3</sup> The process of transitioning from one gender to another.

<sup>4</sup> Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

<sup>5</sup> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

<sup>6</sup> Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

<b>Date of assessment:</b>	<b>September 2019</b>			
<b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b>	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
<b>Religion or belief<sup>7</sup></b>	No	N/A	N/A	N/A
<b>Sex<sup>8</sup></b>	No	N/A	N/A	N/A
<b>Sexual orientation<sup>9</sup></b>	No	N/A	N/A	N/A
<b>Carers<sup>10</sup></b>	No	N/A	N/A	N/A

<sup>7</sup> Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

<sup>8</sup> A man or a woman.

<sup>9</sup> Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

<sup>10</sup> Individuals within the CCG which may have carer responsibilities.

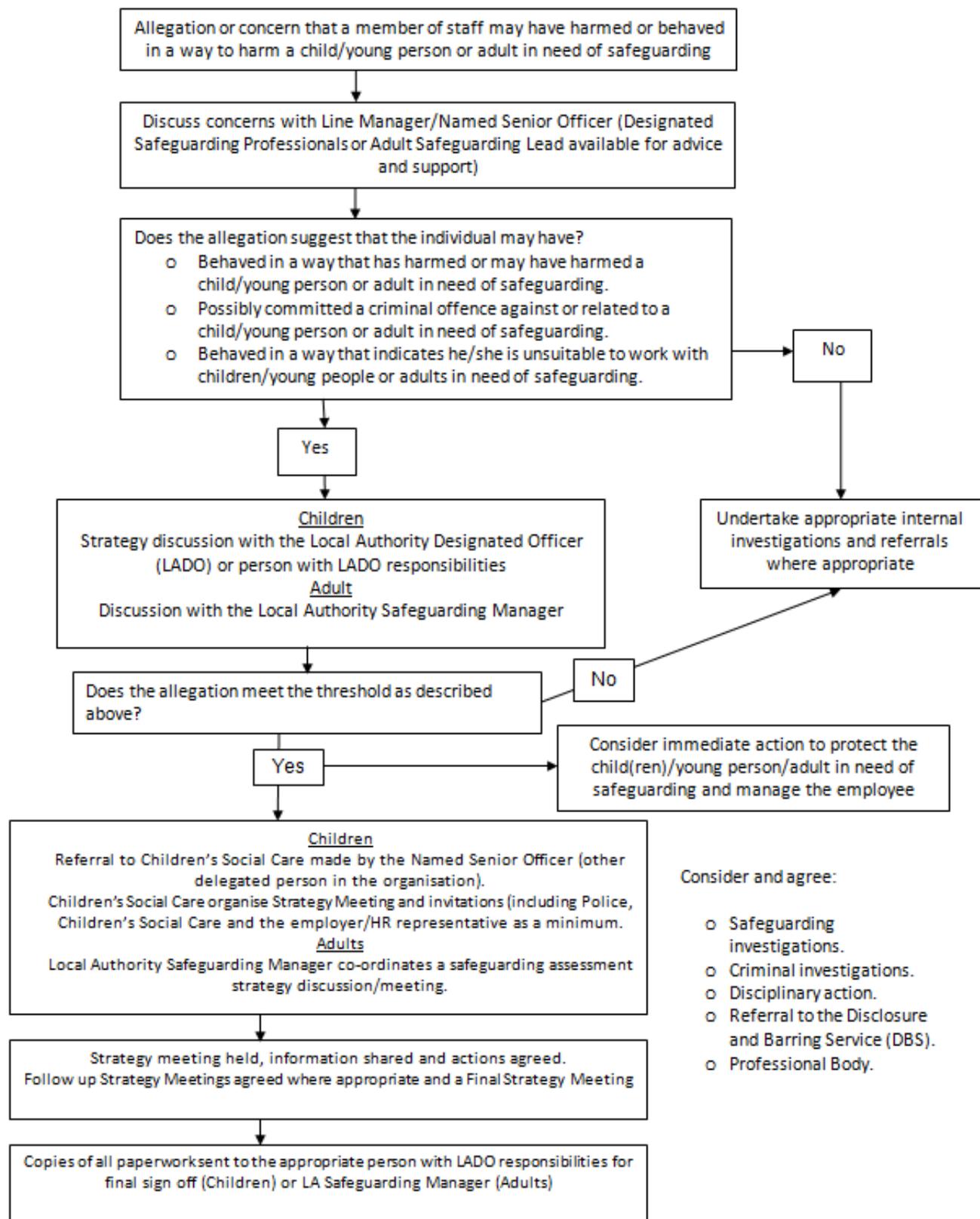
## APPENDIX A

### Key Contact Details

<b>Nottinghamshire Local Authority</b>	
<a href="#">Local Authority Designated Officer (LADO)</a>	Tel: 0115 9773921
Local Authority Safeguarding Manager (Adults)	Tel: 0300 500 8090
<b>North Locality</b>	
Named Senior Officer and Chief Nurse	Tel: 01623 673481
Deputy Named Senior Officer Head of Quality and Patient Safety	Tel: 01623 673175
Designated Nurse Safeguarding Children	Tel: 01623 673175
Designated Doctor Safeguarding Children	Tel: 01623 622515 ext 2782
Professional Lead Safeguarding Adults	Tel: 01623 673175
<b>South Locality</b>	
Named Senior Officer - Chief Nurse	Tel: 0115 8831752
Deputy Named Senior Officer Head of Quality and Patient Safety	Tel: 0115 8831752
Designated Nurse Safeguarding Children	Tel: 01623 673175
Designated Doctor Safeguarding Children	Tel: 0115 9249924 ext 62990
Professional Lead Safeguarding Adults	Tel: 0115 8831752
<b>Bassetlaw CCG</b>	
Named Senior Officer	Tel:01777 863327
Deputy Named Senior Officer	Tel:01777 863321
Designated Nurse Safeguarding Adults & Children	Tel:01777 863321
Designated Doctor Safeguarding Children	Tel:01302 642436 or 01302 642660

## Appendix B

### Safeguarding Children: Allegations Management Flow Chart



## Appendix C

### Safeguarding Children/Adults in need of Safeguarding: 'Risk by Association' Employee Assessment

Service setting:	Name/subject of concern:	Date:
<b>Safeguarding Children/Adults in need of Safeguarding: 'Risk by Association' Employee Assessment</b>		
<b>Introduction</b> <u>Context of Concern (reason for consideration)</u>		
<b>1. Risk assessment:</b>  (i) What are the identifiable risk factors or potential hazards to:  a. Children/vulnerable adults  b. Peers/colleagues  c. The Service/Organisation/Setting  d. Awareness of risk to self? (eg. H&S)		
(ii) What is the attitude of the member of staff/volunteer to their predicament?  What is their understanding of their partner's conviction/behaviour and the perceived risk?  Is there an awareness of how this might impact on their professional role?		

(iii) How might their attitude to partner's offending behaviour impact on their ability to make sound judgements when confronted with safeguarding issues within the service/organisation/setting?

(iv) Have there been any previous concerns about this member of staff/volunteer?

## **2. Risk Analysis**

(i) What are the potential costs to the service/organisation/setting (e.g. loss of trust and confidence)?

(ii) What are the benefits to the service/organisation/setting (e.g. member of staff input as a nurse, doctor, therapist, counsellor etc)?

(iii) What legislation and guidance has informed this process?

(iv) Is proposed response reasonable and proportionate? (consider JAPAN: Justifiable, Accountable, Proportionate, Auditable, Necessary)