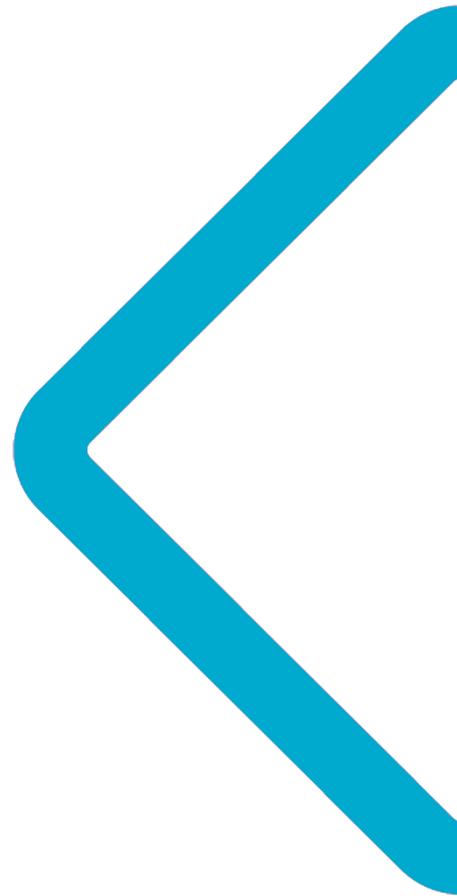


Managing Allegations Made Against Staff in Respect of Children, Young People and Adults at Risk Policy

September 2022



Document Owner: Paula Wedd	Approval date: 28/09/22	First published: 13/10/22
	Next review date: 01 October 2024	Version: 1.0



Contents

1. INTRODUCTION	
2. PURPOSE.....	3
3. SCOPE	5
4. DEFINITIONS	6
5. PRINCIPLES OF GOOD PRACTICE IN CONSIDERING SUSPICIONS OF ABUSE	6
6. ROLES AND RESPONSIBILITIES	7
7. PROCEDURE FOR RESPONSE TO AN ALLEGATION OR CONCERN	9
8. COMMUNICATION WITH THE SUBJECTS OF THE ALLEGATION AND THEIR FAMILIES.....	12
9. COMMUNICATION WITH THE EMPLOYEE.....	12
10. ORGANISED OR NON-RECENT ALLEGATIONS OF ABUSE	13
11. INTER-AGENCY STRATEGY DISCUSSION/MEETING (WITHIN 1 WORKING DAY)	13
12. EXCLUSION	14
13. INVESTIGATIONS AND DISCIPLINARY PROCESSES	14
14. INTERNAL PROCEDURES	15
15. RECORD KEEPING.....	16
17. SERIOUS INCIDENT REFERRAL.....	18
18. UNFOUNDED AND FALSE ALLEGATIONS.....	18
19. LEARNING LESSONS	18
20. COMMUNICATION, MONITORING AND REVIEW	18
21. STAFF TRAINING	19
22. EQUALITY STATEMENT	19
23. REFERENCES.....	20

Document Owner: Paula Wedd	Approval date: 28/09/22	First published: 13/10/22
	Next review date: 01 October 2024	Version: 1.0

1. INTRODUCTION

1.1 This policy applies to the NHS Cheshire and Merseyside Integrated Care Board, and recognises the importance of safeguarding children, young people, and adults at risk. We 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 a contractor or volunteer. 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 adult at risk.

2.2 The aims of this document are to:

- a. Define effective procedures to support and manage the process.
- b. Inform managers and employees on the principles and process to be followed.
- c. Provide a fair and consistent framework for managing the process.
- d. Ensure allegations or concerns are managed promptly and in compliance with other organisational policies and procedures (e.g., safer recruitment, disciplinary, whistleblowing, safeguarding children, adults at risk and children on care) and Safeguarding Children Partnership and Adult Boards Procedures
- e. Ensure all allegations or concerns are handled sensitively and in confidence.

2.3 This policy complies with the following requirements:

- a. Children Act 1989 and 2004.
- b. The Care Act 2014.

2.4. This policy should be read in conjunction with:

- a. NHS Cheshire and Merseyside Integrated Care Board Safeguarding Children, Adults at Risk and Children in Care Policy
- b. NHS Cheshire and Merseyside Integrated Care Board Disciplinary Policy.
- c. NHS Cheshire and Merseyside Integrated Care Board Domestic Abuse Supporting Staff Policy
- d. Cheshire and Merseyside Safeguarding Adults Boards and Safeguarding Children’s Partnerships People in Position of Trust policies and procedures

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

2.5. This policy recognises good practice as detailed in the North West People in Position of Trust (PiPoT) protocol, Cheshire and Merseyside Safeguarding Children's Partnerships PiPoT processes and Cheshire and Merseyside Safeguarding Adults Boards PiPoT processes. These can be found by following the links provided below:

Place	Safeguarding Adults Board	Safeguarding Children Partnership
Cheshire East	Cheshire East Safeguarding Adults Board	Cheshire East Safeguarding Children's Partnership (CESCP)
Cheshire West and Chester	Cheshire West and Chester Safeguarding Adults Board	Cheshire West Safeguarding Children Partnership
Halton	Halton Safeguarding Adult Board	Halton Children & Young People Safeguarding Partnership
Knowsley	Knowsley Safeguarding Adults Board	Knowsley Safeguarding Children Partnership
Liverpool	Liverpool Safeguarding Adults Board (LSAB)	Liverpool Safeguarding Children Partnership (LSCP)
Sefton	Sefton Safeguarding Adults Board	Sefton Local Safeguarding Children Partnership
St Helens	St. Helens Safeguarding Adult Board	St. Helens Safeguarding Children Partnership
Warrington	Warrington Safeguarding Adults Board (WSAB)	Warrington Safeguarding Partnership
Wirral	Wirral Safeguarding Adults Partnership Board	Wirral Safeguarding Children Partnership

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

3. SCOPE

- 3.1 This policy applies to all employees of the Integrated Care Board 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.
- 3.2 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.
- 3.3 The policy applies whether the allegations arise in connection with.
- a. the employee’s work
 - b. children, young people, or adults at risk in need of safeguarding living within the employee’s household
 - c. children, young people, or adults at risk in need of safeguarding living outside the household whether
 - d. the concern or suspicion is current or historical
- 3.4 The policy also relates to allegations that might indicate that the employee is ‘unsuitable’ to continue to work with children, young people, or adults at risk in their present position, or in any capacity.
- 3.5 The notion of ‘suitability’ may relate to a specific act; an accumulation of concerns; or behaviors occurring outside the workplace which invite judgment in respect of the compatibility, of such, with their ‘work’ role.
- 3.6 This policy should be read in conjunction within NHS Cheshire and Merseyside Safeguarding Integrated Care Board’s Safeguarding Children, Adults at Risk and Children in Care Policy, NHS Cheshire and Merseyside Safeguarding Integrated Care Board’s Domestic Abuse Support for Employees Policy and other Human Resources related policies.
- 3.7 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 at risk in has:
- a. behaved in a way that has harmed, or may have harmed children, young people, or adults at risk
 - b. possibly committed a criminal offence against, or related to a child, young person, or adult at risk; or
 - c. Behaved in a way that indicates that they are unsuitable to work with children, young people, or adults at risk.
(The above is not a comprehensive list).
- 3.8 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.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

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.” Harm includes ill treatment; the impairment of physical and mental health or physical, intellectual, emotional, social, or behavioral development; self-harm and neglect; unlawful conduct which adversely affects a person’s property, and rights or interests. Definitions of harm are provided in the local Safeguarding Children and Adult Board Procedures.
- 4.2 For this policy, a child is anyone that has not yet reached their 18th birthday and the term “children” therefore means children and young people.
- 4.3 An adult is defined as a person who is aged 18 years or over
- 4.4 An adult at risk (previously referred to as a vulnerable adult), is defined as an adult who:
- a. Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**:
 - b. Is experiencing, or at risk of, abuse or neglect **and**:
 - c. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. PRINCIPLES OF GOOD PRACTICE IN CONSIDERING SUSPICIONS OF ABUSE

- 5.1 Concerns about a member of staff may arise in many ways, including.
- a. A direct allegation from a child or parent/carer, or an adult at risk
 - b. A concern expressed by a colleague
 - c. A criminal investigation
 - d. Investigation under a performance and conduct exercise
 - e. Through the Complaints, Concerns and Enquiries Policy
 - f. Information from another authority or organisation or third party.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

6. ROLES AND RESPONSIBILITIES

6.1. This section states the key responsibilities for specific roles and staff groups in relation to delivering the document's objectives:

Role	Responsibilities
Chief Executive	Is the accountable officer for safeguarding and has overall responsibility for the strategic and operational management of the Integrated Care System and has a duty to ensure that the requirements of this policy are upheld.
Director of Nursing and Care	Is responsible for the implementation, monitoring, and review of this policy. They 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 Associate Directors, Senior Safeguarding Leads and Designated Professionals for Safeguarding. In addition, they will work closely with the Director of Human Resource Services, to promote a consistent approach to managing allegations across the local health community.
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.
Associate Directors and Senior Safeguarding Leads	<p>The Associate Directors and Senior Safeguarding Leads have overall responsibility for ensuring that processes are congruent with.</p> <ul style="list-style-type: none"> a. Safeguarding Children Partnerships Children procedures where allegations involve children and young people b. Safeguarding Adults Boards Procedures where allegations involve adults at risk. <p>They will delegate where necessary to the Designated Professionals for liaison with the Local Authority Designated Officer or Head of Adult Safeguarding. They will participate in strategy discussions and review progress of the case.</p> <p><i>Note: If the allegation is against an Associate Director or Senior Safeguarding Lead it will be necessary to contact the Integrated Care Board Director of Nursing and Care.</i></p>

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

Role	Responsibilities
<p>Named Senior Manager</p>	<p>The Named Senior Manager (Senior Integrated Care Board manager or Senior Human Resources manager) will oversee the enquiry and enable appropriate management and investigation of any such allegations.</p> <p>The Named Senior Manager’s responsibilities will include:</p> <ol style="list-style-type: none"> a. Ensure that advice, information, and guidance is available for employees within the Integrated Care Board either directly or via their nominated representative. b. Consult with the Safeguarding Designated Professionals to ensure where necessary the appropriate referral to other agencies including the Local Authority Designated Officer or Local Authority Head of Safeguarding. c. Oversee the gathering of any additional information which may have a bearing on the allegation, for instance: previous concerns, care, and control incidents. d. Ensure an employee who is subject to the allegation is provided with information and is advised to seek representation from their Trade Union or professional body. e. Attend Strategy Meetings where required alongside the Safeguarding service. f. Consult with the Human Resources Manager allocated to the case where investigation and/or potential disciplinary action is required. g. Ensure risk assessments are undertaken where and when required. h. Ensure effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome. i. Co-ordinate the appropriate checks with data held by their organisation. j. Co-ordinate the provision of reports and information as required.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

Role	Responsibilities
Local Authority Designated Officer (Children)	The Local Authority Designated Officer is responsible for overseeing individual cases in relation to children. They Provide 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 Head of Adult Safeguarding	The Local Authority Head of Safeguarding provide advice and guidance in cases in relation to adults at risk and also provide advice and guidance to other employers and voluntary organisations. They will ensure that safeguarding 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 at risk should ensure the immediate safety and welfare of the individual who has allegedly been abused or neglected.
- 7.2 This may include summoning 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 safeguarding service directly).
- 7.3 If an allegation is made against an employee on a safeguarding issue outside of normal working hours, the ICB Cheshire or Merseyside Tactical first on on-call should be contacted.
- 7.4 The person to whom an allegation or concern is first reported must treat the matter seriously and keep an open mind.

They must not:

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

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

They must:

- a. Consider the immediate safety of the adult or children involved and determine in an emergency response 999 is required if there are concerns of severe harm or risk of death
- b. 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.
- c. Sign and date the written record.
- d. Immediately report the matter.

7.5 Initial Action by the Associate Director or Senior Safeguarding Lead

The Associate Director or Senior Safeguarding Lead must decide whether the allegation or concern requires an executive led response or can be delegated to an identified Named Senior Manager for further action.

7.6. The Associate Director or Senior Safeguarding Lead must not investigate the matter or interview the member of staff, child or adult concerned or potential witnesses. They must:

- a. 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).
- b. Countersign and date the written details provided above.
- c. Keep a written record of any additional information about times, dates and location of incident(s) and names of any potential witnesses.
- d. Keep a written record of details of the adult at risk involved/child/parent/carer/siblings/ any other adults at risk
- e. Keep a written record of discussions about the child/adult and/or employee, any decisions made, and the reasons for those decisions.
- f. Sign and date all written records they make.
- g. At the appropriate stage consult with the employee's line manager to identify an appropriate Named Senior Manager as the investigating officer.

7.7. Once sufficient information relating to the allegation has been obtained and reviewed the Associate Director or Senior Safeguarding Lead, in conjunction with the above Local Authority safeguarding professionals (where appropriate), will decide if this is a safeguarding issue or whether the matter requires management via the complaints, performance and disciplinary route.

7.8. Where the allegation or concern suggests that a child has been harmed, or is at risk of harm, the Place Safeguarding Children Partnerships procedures must be followed. The Named Senior Manager will liaise with the Associate Director or Senior Safeguarding Lead to report the matter to local authorities Local Authority Designated Officer within one working day

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

7.9. Where the allegation or concern suggests that an adult at risk has been harmed, or is at risk of harm, the Place Safeguarding Adults Boards Procedures must be followed. The Named Senior Manager will liaise with the Associate Director or Senior Safeguarding Lead to report the matter to local authorities Head of Adult Safeguarding within one working day.

7.10. Referrals must not be delayed in order to gather additional information. Failure to report an allegation or concern is a potential disciplinary matter.

7.11. The Associate Director or Senior Safeguarding Lead will collaborate with the local authority service and where required Police to 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 at risk is not confused as to dates, times, locations or identity.

7.12. The Named Senior Manager is responsible for ensuring that a Serious Incident has been raised.

7.13. Initial Consideration of an Allegation or Concern (Multi-agency)

There may be up to three strands in the consideration and management of an allegation or concern:

- a. A Police investigation of a possible criminal offence.
- b. 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.
- c. Consideration by an employer of disciplinary action.

7.14. Cheshire and Merseyside Integrated Care Board Safeguarding Service Contacts

Place	Generic Safeguarding E-mail Addresses
Cheshire East and Cheshire West and Chester	cheshireccg.safeguardadmin@nhs.net
Halton and Warrington	cmicb-war.halccg.safeguarding@nhs.net
Knowsley	knccg.knowsleydesnurses@nhs.net
Liverpool	safeguardingservice.liverpool@nhs.net
Sefton	Safeguardingservice.sefton@nhs.net
St Helens	sthccg.safeguarding@nhs.net
Wirral	WICCG.Safeguarding@nhs.net

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

8. COMMUNICATION WITH THE SUBJECTS OF THE ALLEGATION AND THEIR FAMILIES

- 8.1. The individual or their representative (parent, family member, carers or advocate) should be provided with appropriate information to help them understand the process involved and the progress of the case.
- 8.2. For adults at risk and children aged 16 and 17 years who are assessed not to have capacity to consent to the safeguarding process need to be considered. The amount and format of the information given should be carefully considered on an individual basis to ensure that it is appropriate to their age or level of understanding.
- 8.3. A decision will be made at the strategy meeting or discussion, regarding the most appropriate person to share the information. They should also be informed that the Integrated Care Board has appropriately dealt with the matter in line with its own internal policies and procedures but not share any staff details.
- 8.4. Any communication with the subjects should be undertaken in negotiation with Adult or Children’s Social Care and where appropriate, the Police. This is 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 Adult or Children’s Social Care should be consulted before informing the employee of an allegation (unless they have self-reported) 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 Named Senior Manager. 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, based on the referral or subsequent initial discussion / assessment, that safeguarding processes are required; an inter-agency strategy meeting/discussion will be convened. The Associate Director or Senior Safeguarding Lead will co-ordinate health attendance and oversee actions required. The Integrated Care Board should identify clear and named points of contact for regular updates, advice and support to the employee and their representatives in individual cases.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

10. ORGANISED OR NON-RECENT ALLEGATIONS OF ABUSE

- 10.1. The Local Authority Designated Officer should be informed of any concerns of organised or widespread abuse in relation to children, as complex abuse procedures may need to be applied.
- 10.2. The Local Authority Head of Adult Safeguarding should be informed of any concerns of organised or widespread abuse in relation to adults at risk, as complex abuse procedures may need to be applied.
- 10.3. 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 1 WORKING DAY)

- 11.1. If the allegation is not demonstrably false and there is cause to suspect that a child or adult is suffering or is likely to suffer significant harm or a criminal offence might have been committed, immediate strategy discussion to decide on appropriate action needs to be held.
- 11.2. An internal 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 the following:
 - a. Named Senior Manager.
 - b. Director or Deputy of Quality and Safeguarding.
 - c. Human Resources Senior Manager
 - d. Associate Director or Senior Safeguarding Lead, Designated Safeguarding Professional
 - e. NHSE/I Professional Standards Representative (if appropriate see section 14)
- 11.3. The internal strategy discussion will decide whether there should be a Police referral and/or enquiries by Children's or 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 potential media interest.
- 11.4. If it is decided that a safeguarding investigation is required, the following factors are of particular significance where suspicions of abuse involve an employee of the organisation;
 - a. Identification of all the children or adults who could be affected by the investigations so that their protection can be considered.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

- b. Consider appropriate Human Resources action as part of a performance, disciplinary and conduct and discuss processes to be followed including suspension, redeployment, and exclusion
- c. 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 by the Senior Human Resources manager and Named Senior Manager in any case where:

- a. There is cause to suspect a child/adult is at risk of significant harm or has been harmed; or
- b. The allegation warrants investigation by the Police; or
- c. 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 Integrated Care Board Disciplinary Policy and if a decision to exclude an employee is made this must be conducted in line with the Disciplinary Policy.

12.3. Persons to be Notified About the Exclusion of an Employee

Information about the exclusion should be provided on a ‘need to know’ basis and regarding the need to avoid unwelcome publicity. Advice should be sought from the Local Authority Designated Officer where children are involved or Local Authority Head of Adult Safeguarding when adults are involved as the Police may wish to impose restrictions on who should be informed, and the amount of information given.

12.4. 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 Integrated Care Board’s own investigations and disciplinary processes may continue in parallel with any Police investigation and/or Children’s or Adults Social Care enquiry. In all cases the Associate Director or Senior Safeguarding Lead will discuss the decision of the Integrated Care Board with colleagues in the Local Authority and, where applicable, the Police to ensure that the actions of the Integrated Care Board will not prejudice their investigations.

13.2. The Associate Director or Senior Safeguarding Lead and Local Authority Designated Officer where children are involved or Local Authority Head of Adult Safeguarding when adults are involved should discuss whether an investigation and disciplinary process is appropriate in all cases where:

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

- a. It is clear at the outset or decided by a strategy discussion that a Police investigation or Social Care enquiry is not necessary; or
- b. The Integrated Care Board is informed by Police or the Crown Prosecution Service that an investigation and trial is complete; or
- c. 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 consider:

- a. The outcome of any investigation or trial (the Police and/or Children’s or Adults Social Care should provide the Integrated Care Board with relevant information without delay).
- b. The different standard of proof required by the Integrated Care Board Disciplinary Policy and criminal proceedings.

13.4. If formal disciplinary action is not required or no capability issues have been identified, the Name Senior Manager 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 Associate Director or Senior Safeguarding Lead alongside the Local Authority Designated Officer or Head of Adult Safeguarding should discuss whether the organisation has appropriate resources to undertake an investigation.

13.6. 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 Integrated Care Board Disciplinary Policy.

13.7. The aim of an investigation is to obtain, as far as possible, a fair, balanced and accurate record 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.

13.8. If, at any stage during the investigation process, further information emerges that requires a child or adult safeguarding referral, the investigation should be suspended, and only resumed if agreed with Children’s or Adult’s Social Care and the Police.

14. INTERNAL PROCEDURES

14.1. The Integrated Care Board should consider whether a Human Resources 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 commence without the agreement of the Police for those cases where there is an on-going Police investigation or criminal proceedings are pending.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

- 14.3. If it is decided that safeguarding enquiries or a criminal investigation is not necessary, an inter-agency strategy meeting should discuss the next steps (see section 11)
- 14.4. There may still be a need for the Integrated Care Board 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, families, or adults at risk.
- 14.5. The employee may resign or retire before an allegation is investigated. It is important not to regard this as a solution to the problem; the internal investigation should continue until it reaches a conclusion.
- 14.6. The employee should have an opportunity to answer the allegations, if possible. The employee may also be known to be in contact with children or adults at risk in other settings and this should be followed up.
- 14.7. In any case involving allegations or concerns about conduct towards children or adults at risk, no 'compromise' agreement should be entered into, involving resignation, avoidance of disciplinary action or provision of references.
- 14.8. The Integrated Care Board should have systems for ensuring that there is consideration to passing on information about safeguarding concerns when an employee moves position; to include employment references where the investigation substantiates the allegations. The Integrated Care Board must ensure that any disclosure is in accordance with the Data Protection Act 2018.
- 14.9. When the allegation is made the Associate Director, Senior Safeguarding Lead or Director of Nursing and Care should ensure consideration is given to informing the Regional Professional Standards Team in NHS England, if appropriate. The Professional Standards Team provides strategic leadership and operational oversight in relation to NHS England's statutory functions in respect of doctors, dentists, ophthalmic practitioners, and pharmacists.
- 14.10. The team provide a platform to provide clinical and managerial leadership for clinical professionals to achieve high professional standards and importantly provide a framework to enable action to be taken to protect patients and member of public when necessary.

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 it was investigated, the decisions reached, and the action taken. Records 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.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

15.2. Records relating to investigated allegations which have no substance or are false 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 at risk to be identified. Employers are also recommended to keep a copy of any Disclosure and Barring Service or Professional Bodies Referral on file if this has been undertaken.

16. DISCLOSURE AND BARRING SERVICE / REFERRAL TO PROFESSIONAL BODIES

16.1. As an employer of staff in a ‘regulated activity’ the Integrated Care Board also has a responsibility to refer substantiated concerns to the Disclosure and Barring Service in accordance with the Safeguarding Vulnerable Groups Act 2006.

16.2. There may be a referral for information to the Disclosure Barring Service from Human Resources, if an employee or worker of the Integrated Care Board 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:

- a. Engaged in ‘relevant conduct’;
- b. Satisfied the ‘harm test’ (i.e. no action or inaction occurred but the present risk that it could occur was significant); or
- c. Received a caution or conviction for a ‘relevant offence’ ([refer to the Government Disclosure and Barring Service website](#));

16.3. A referral should be made even if the person in question has left the Integrated Care Board before an investigation and/or disciplinary process has been completed. However, it is important to note that the Disclosure and Barring Service has no investigatory powers and therefore relies upon evidence supplied to it.

16.4. The Named Senior Manager therefore has a responsibility to complete investigations as far as possible, even where the individual leaves before investigations are completed, so that the Disclosure and Barring Service has enough substantiated evidence on which it can base its decision. If additional information becomes available after making a referral this should be provided to the Disclosure and Barring Service. The referral should be made using the [DBS referral form](#) following their current instructions.

16.5. There may also be circumstances where such behaviour by a regulated professional might indicate a potential risk to children, adults, and risk and families or bring the profession into disrepute or breach a professional code of conduct.

16.6. Where an employer is aware of such misconduct, they should report it to the appropriate professional regulator. There may also be a mandatory obligation

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

on the professional to self-refer if they receive any police caution or conviction, and for the police to report such action if they are aware an individual is regulated (based on requirements for health and social care professionals regulated by the Health and Care Professions Council, Nursing and Midwifery Council and General Medical Council)

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 internal Integrated Care Board procedures.
- 17.2. The Associate Director or Senior Safeguarding Lead is responsible for ensuring that any abuse or allegation of abuse, as defined in this policy, has been reported in accordance with the Integrated Care Board 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, agencies involved should agree whether to refer the matter to Children’s Social Care or Adult Social Care for them to determine if the child or adult at risk 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 multi-agency or inter agency strategy discussion should take place to ensure that all tasks have been completed and, where appropriate, an action plan agreed for future practice, based on lessons learnt. Agencies involved should review the circumstances of the case to determine whether any improvements are required to current procedures or practice.

20. COMMUNICATION, MONITORING AND REVIEW

- 20.1. The safeguarding service will monitor the effectiveness of this policy in conjunction with Human Resources as appropriate.
- 20.2. The policy will be reviewed through auditing referrals, incidents and the use of the correct procedure and approved by the Integrated Care Board Quality 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 safeguarding service.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

20.4. Breaches of Policy

This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Integrated Care Board Director of Nursing and Care, so that the level of risk can be assessed, and an action plan can be formulated.

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 safeguarding Intercollegiate documents for adults and children.

22. EQUALITY STATEMENT

22.1. Equality, diversity, and human rights are central to the work of the Cheshire and Merseyside Integrated Care Board. This means ensuring local people have access to timely and high-quality care that is provided in an environment which is free from unlawful discrimination. It also means that the Integrated Care Board will tackle health inequalities and ensure there are no barriers to health and wellbeing.

22.2. To deliver this work Integrated Care Board staff are encouraged to understand equality, diversity, and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. Integrated Care Board staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

22.3. The Integrated Care Boards' equality, diversity and human rights work is underpinned by the following:

- a. NHS Constitution 2015
- b. Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010
- c. Human Rights Act 1998
- d. Health and Social Care Act 2012

22.4. Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

1. To consider if there are any unintended consequences for some groups.
2. To consider if the policy will be fully effective for all target groups.

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0

23. REFERENCES

Association of Directors of Adult Social Services (2019) Northwest Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs. Version 5.3. 2019

Department of Health (2015) [Jimmy Savile NHS investigations: Update on the themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile](#)

Department of Health and Social Care (2021) [The NHS Constitution for England](#)

HM Government (2022) [Disclosure and Barring Service \(DBS\) Update Service](#)

HM Government (2014) The Care Act 2014.
www.legislation.gov.uk/ukpga/2014/23/contents/enacted

HM Government (2004) The Children Act (1989) c. 41
<https://www.legislation.gov.uk/ukpga/1989/41/contents>

HM Government (2018) Working Together to Safeguard Children (with July 2022 update)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

HM Stationery Office [Safeguarding Vulnerable Groups Act \(2006\)](#)

Lampard, K, Marsden, E. (2015) [Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, Independent Report for the Secretary of State for Health](#)

NHS England (2022) Patient Safety Incident Response Framework.
<https://www.england.nhs.uk/patient-safety/incident-response-framework/>

Document Owner: Paula Wedd	Approval date: 01 July 2022	First published: 01 July 2022
	Next review date: 01 July 2023	Version: 1.0