Introduction

This policy sets out the action to take in respect of allegations against staff concerning adult protection/safeguarding matters. It also raises awareness of the risk of abuse and clarifies the process to be followed if an allegation of adult abuse is made involving an employee.

All staff that come into contact with vulnerable adults must be aware of their responsibilities in relation to adult protection/safeguarding.

No employee should be treated less favourably on the grounds of their age, disability, race, nationality, ethnic origin, sex, sexual orientation, religion and belief, gender reassignment, marriage and civil partnership or pregnancy and maternity.

This policy should be read in conjunction with the Trust’s Policies and Guidance in Adult Safeguarding and the flow chart detailed in Appendix 1.

Effective reporting of concerns regarding adults will enable the statutory agencies to take the necessary action to ensure the safeguarding of adults.

The Safeguarding Adult Named Nurse must be notified following any allegation of abuse about an adult. A cause for concern form must be completed by the Trust employee who receives the concern/allegation and faxed to the Adult Safeguarding team. This form is available on the intranet safeguarding section/forms.

All staff that have contact with adults in their everyday work, including professionals who do not have a specific role in relation to adult safeguarding, have a duty to safeguard and promote the welfare of adults.

Policy Scope

2.1 This policy applies to all employees as well as contractors, agency staff and anyone else engaged to work in the Trust as well as volunteers, visitors and patients. If the person who the complaint is made against is not employed by the Trust, e.g. an agency worker, the Trust will expect the agency to take appropriate action. (Any allegation or suspicion of adult abuse must be
referred to Adult Social Care, in accordance with the Trust’s Adult Safeguarding Policy).

2.2 It covers:

a) conduct in the workplace and any work-related setting outside the workplace e.g. business trips, work-related social events

b) conduct unconnected with employment where it makes the employee unsuitable for his/her work, and/or unacceptable to colleagues and/or patients/general public

2.3 This policy applies when any allegation is made which suggests an employee has:

a) behaved in a way that has harmed an adult or may have harmed an adult

b) potentially committed a criminal offence against or related to an adult

c) behaved towards an adult in a way that indicates s/he is unsuitable to work with adults in connection with his/her employment or voluntary activity

3 Aim of policy

The aim of the policy is to safeguard adult patients when concerns/allegations are raised concerning staff by:

- carrying out an investigation
- completing a risk assessment (as necessary)
- reporting the matter to the appropriate authority (as required)
- taking action in accordance with the Disciplinary Procedure (where appropriate)

4 Duties (roles and responsibilities)

4.1 All NHS Trusts have a duty to ensure that they have systems, processes and properly trained and informed employees to safeguard adults

4.2 The Nursing and Patient Services Director is the Trust’s accountable officer

4.3 There are also dedicated personnel with a professional responsibility to ensure that obligations in relation to Adult Safeguarding are fulfilled. The names and contact details can be located on the Safeguarding Children and Adults site on the Trust’s intranet

4.4 All employees have a duty to report an employee to the Safeguarding Adults Named Nurse whenever there is a concern that abuse may have taken place or where there is evidence to suggest it may occur. The safeguarding lead will:

- contact the Directorate Manager/Head of Service and the relevant Human Resources Officer
- make referral to other agencies as appropriate
4.5 When reporting concerns outside normal working hours, an employee should notify one of the following who will then notify the others listed below:
- patient services coordinator
- senior manager on-call

5 Definition of abuse

Abuse has many different forms including neglect, physical injury, emotional/Psychological abuse, discriminatory abuse, financial abuse, sexual abuse and organisational abuse.

6 Responding to a complaint or allegation

6.1 There are a number of sources from which a complaint or allegation might arise including:
- an adult patient themselves or their relatives/carers
- a member of the public
- a disciplinary investigation
- an employee

6.2 The person receiving the allegation must inform the Senior Human Resources Manager within 24 hours of notification.

6.3 An employee may feel uneasy about reporting situations that constitute or may lead to an investigation particularly when this involves a colleague. In such circumstances, they should be made aware of the Whistleblowing policy and look at the options available so that they are appropriately supported. All staff should be aware of their responsibilities to protect adults and can seek support from the safeguarding department.

7 Initial action by the senior manager

7.1 The person receiving the allegation must:
- treat the matter seriously and in strict confidence
- keep detailed records of the allegation in relation to the victim and alleged perpetrator
- record any other information in relation to time, dates, location of incidents and the name(s) of any potential witness(es)
- notify the safeguarding department

7.2 On completion of the above, the complaint/allegation must be reported immediately (or within 24 hours) to the Senior Human Resources Manager. If this occurs on a public holiday or weekend it must be reported to the Senior Human Resources Manager on the next working day, and in the meantime, should be reported in accordance with paragraph 4.5 above.

7.3 The Senior Human Resources Manager will keep a detailed record (including chronology) of the allegation, person(s) involved, of events that subsequently unfold and of the action(s) taken.

7.4 Appropriate advice will be sought from the named professional and the Senior Human Resources Manager (or their nominated deputy) in order that a
decision can be made as to whether any immediate action needs to be taken, for example, suspension from work and/or risk assessment.

7.5 All allegations of abuse will be reported to Safeguarding Adult Procedures. The Protecting Vulnerable Persons Unit (part of the police department) will be involved.

7.6 Where there is a possibility that an alleged crime has been committed, the incident will be reported to the police by the Adult Safeguarding Named Nurse or Directorate Manager/Head of Service or nominated deputy within 24 hours of receipt of the allegation(s). Outside normal hours this will be carried out by the Patient Services Coordinator or Senior Manager on call, the Safeguarding Adults Named Nurse Nurse should be notified as soon as possible on the next working day.

7.7 All allegations must be reported by the Senior Human Resources Manager to the Departmental Manager within one working day. On weekends and public holidays, the senior manager on call will report allegations to the safeguarding lead the next working day.

7.8 The Trust reserves the right to proceed with disciplinary action following advice from the police. Whether the matter is investigated as part of a criminal proceeding or not the Trust will undertake an investigation in accordance with the Disciplinary Procedure.

7.9 If an allegation is made by the police or an external organisation, the member of staff who receives it must report it to the Senior Human Resources Manager without delay.

7.10 The Senior Human Resources Manager/Adult Safeguarding Team and the Directorate Manager/Head of Service will:
   a) establish whether the allegation is within the scope of this policy
   b) await the outcome of the initial strategy meeting and the outcome of the police investigation
   c) consider statements or reports made direct to the police or another outside organisation
   d) consider whether further details are needed and whose responsibility it is to collect them.

7.11 If there is cause to suspect that an adult is suffering or likely to suffer significant harm, the Safeguarding Adults Named Nurse will refer to Adult Social Care if this has not already been done.

8 Disciplinary process

8.1 Following investigation, disciplinary action may be deemed appropriate. The Senior Human Resources Manager in conjunction with the Directorate Manager/Head of Service and the Clinical Director/Matron and where appropriate the Professional Lead will agree what action is required in all cases where:
a) there is concern at the outset or decided by an initial evaluation 
(undertaken by the departmental manager, Senior Human Resources 
Manager and Professional Lead where appropriate) there has been 
potential misconduct or gross misconduct

b) notification is received from the police or the Crown Prosecution Service 
that criminal investigation and any subsequent trial is complete or that the 
investigation will be closed without charge or prosecution.

8.2 The discussion must consider any potential misconduct or gross misconduct 
on the part of the employee and take into account

a) information provided by the police and/or Adult Safeguarding Process

b) the result of any investigation or trial and the different standard of proof in 
disciplinary and criminal proceedings

8.3 If a disciplinary hearing is required and it can be held without further 
investigation, the manager will institute appropriate action

8.4 Where further investigation is necessary it will be conducted in accordance 
with the Disciplinary Procedure. The investigating officer should aim to 
provide a report as soon as is reasonably practicable. The employee will be 
advised of the timescales.

8.5 A decision whether to proceed to a disciplinary hearing should be made as 
quickly as possible. If the matter is to proceed, the employee(s) will be given 
15 working days’ notice in writing of the time, place and date of the hearing. 
(A shorter timescale can apply if agreed).

8.6 The matter will be reported to the employee’s professional body (where 
applicable) and the Disclosure and Barring Service (DBS) (See Appendix 2).

9 Requirement for a risk assessment

9.1 Should an employee be absent from work and the absence is related to an 
allegation of an adult safeguarding issue, a risk assessment must be 
completed before the employee returns

9.2 The risk assessment must be carried out by the line manager with support 
from their Human Resource Officer

9.3 Following completion of the risk assessment, a meeting must be held with the 
employee prior to their return from work to: 
a) advise the employee of the outcome 
b) advise the employee of any restrictions and/or conditions attached to their 
return to work in order to mitigate any risks 
c) seek assurance that they will act in accordance with any restrictions and or 
conditions 
d) agree a return to work date
e) advise the employee that failure to comply with the risk assessment and return to work arrangements will be viewed seriously and will lead to action being taken under the Disciplinary Procedure

9.4 A copy of the risk assessment will not be provided to the employee

10 Record keeping

10.1 The Human Resources Department will retain a copy of the investigated incidents on the employee’s personal file.

10.2 The record will contain details of the allegation, how it was followed up, investigated, resolved and what, if any, action was taken.

10.3 The record will be maintained on the employee’s personal file for 10 years or until retirement, whichever is longer even where it was determined there was no case to answer.

10.4 The Senior Human Resources Manager will maintain a detailed record of cases communicated to and from the Trust Safeguarding Team and/or any external organisation (e.g. Local Authority).

11 Action in respect of false allegations

In all circumstances where an allegation is found to have been vexatious, the Trust will consider whether to take action against the person(s) under the appropriate policy.

12 Referral to the Disclosure and Barring Service

12.1 A referral to the DBS will be made where an employee

   a) is dismissed on the grounds of misconduct (whether or not the misconduct took place in the course of employment) which harmed an adult or placed an adult at risk of harm

   b) resigns or retires in circumstances where the Trust would otherwise have dismissed them, or would have considered dismissing them, on such grounds if they had not resigned or retired

   c) transfers to a position which is not an adult care position, on such grounds

   d) is suspended or provisionally transferred to an alternative position pending a decision to dismiss or to make the transfer permanent (e.g. the Trust may have suspended or transferred on a neutral basis pending an investigation)

12.2 A referral is not required when dismissal of an employee was not seriously considered i.e. when dismissal was only a passing consideration within a range of other possible options
13 **PREVENT**

13.1 CONTEST is a four part UK Government Counter-Terrorism Strategy for reducing the risk to the UK and its interests overseas from international terrorism and is made up of four work streams.

13.2 One of these work streams is the PREVENT strategy which aims to stop people becoming terrorists or supporting terrorism. Health has been identified as a key strategic partner in supporting this strategy. It is about supporting and protecting these people that might be susceptible to radicalisation.

13.3 The overarching principle of PREVENT is to improve the health and wellbeing, through the delivery of services, while safeguarding vulnerable individuals. Any staff who have concerns in relation to vulnerable individuals or people who they think may be becoming radicalised or being involved in violent extremism should discuss with the safeguarding team and follow the process for raising an alert when someone is considered to be a victim of or, potentially susceptible to, becoming radicalised into terrorist activity. (Appendix 6 – flowchart on process to follow)

13.4 PREVENT Training is available via Trust safeguarding training, details are available on the Safeguarding webpage.

14 **Training**

Training will be provided by the Adult Safeguarding Team.

15 **Equality and Diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided and the way staff are treated reflects their individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

16 **Monitoring Compliance with the policy**

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure compliance with the policy the following will be monitored:</td>
<td>Reporting of information of employee relations cases in ESR involving adult safeguarding</td>
</tr>
<tr>
<td>a) the number of referrals from the Senior HR Manager to the Safeguarding Team</td>
<td>Senior Human Resources Manager</td>
</tr>
<tr>
<td>b) the number of referrals from the Safeguarding Team to the HR Department</td>
<td>Heads of Human Resources Meeting</td>
</tr>
</tbody>
</table>

**Method**

**By**

**Committee**

**Frequency**

Quarterly
17 Consultation and review of the policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultation Group

18 Implementation of the policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Human Resource Department.

19 References


20 Associated documents

- Cause for Concern Form
- Disciplinary Policy and Procedure
- Mandatory Training Policy
- Safeguarding Adult Policy and Guidelines
- Trust’s Policies and Guidance in Adult Safeguarding
- Whistleblowing Policy

Author: Employment Policies and Procedures Consultative Group.
Appendix 1

Safeguarding Adults Flow Chart

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**Individual**

- Report Concern
- Obtain details of concern, allegation or incident
- Notify Senior HR Manager within 24 hours.

**Senior Manager**

- Decide who else may need to be notified, i.e. Police, Safeguarding Unit
- Record details

**Senior HR Manager**

- Decide what action to take with appropriate contacts i.e. is an investigation required
- Yes
- Go to page 2
- No
- Record details

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Footnotes:

a) If allegation reported out of hours, notify Adult Protection Team
Safeguarding Adults Flow Chart

Human Resources

Senior Manager

From page 1

Undertake investigation

Yes

No

Disciplinary Procedure

Is there a case to answer under Disciplinary policy?

Yes

No

Are any measures required as a result of investigation?

Yes

No

Complete measures

Retain record on personal file for 10 years

End

Retain record on personal file for 10 years

End

Adult Protection Team

Safeguarding Lead

Senior HR Manager

Footnotes:
b) Does the matter also need to be referred to professional registration body and/or ISA?
c) Retain record on personal file for 10 years.
d) Measures may include risk assessment, movement to other duties, and/or counselling. Does the matter also need to be referred to professional registration body and/or ISA? Retain record on personal file for 10 years.
Appendix 2

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Referral to Disclosure and Barring Service

1. The Trust’s responsibilities

1.1 The Trust has a legal duty to notify the Disclosure and Barring Service (DBS) under the Safeguarding Vulnerable Groups Act 2006 (2006 Act) of relevant information to ensure that individuals who pose a threat to vulnerable groups can be identified.

1.2 The DBS will receive referrals when;

- there is harm or risk of harm to children or vulnerable adults,
- relevant conduct has occurred or
- an individual has received a caution or conviction for a relevant offence.

1.3 The following conditions must be met before a referral can be made;

a) The Trust has dismissed or removed an individual from working with vulnerable adults (or would or may have if the individual had not resigned, retired, been made redundant or been transferred to a position which is not regulated activity; and

b) The Trust has reason to believe the individual has

- engaged in relevant conduct (i.e. an action or inaction [neglect] that has harmed a vulnerable adult or put them at risk of harm); or
- satisfied the ‘harm test’ (i.e, there has been no relevant conduct [i.e. no action or inaction] but a risk of harm to a vulnerable adult still exists); or
- received a caution or conviction for a relevant offence

1.4 Subject to the above, a referral should be made on the DBS referral form which can be obtained from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198027/DBS_referral_form_v2.doc

1.5 In all cases the individual should be informed of the Trust’s intention to make a referral to the DBS.

1.6 Further information can be obtained via the DBS referral guidance (found at https://www.gov.uk/government/organisations/disclosure-and-barring-service/series/dbs-referrals-guidance--2). The guidance sets out in greater detail the;

a) referral process
b) circumstances under which a referral should be made
c) legal responsibilities of the Trust
d) main points of law.
1.7 The DBS will consider all information referred in relation to whether an individual should be included in a barred list, a referral may also be made in the following circumstances:

a) where following an internal investigation there is insufficient evidence to show relevant conduct occurred, but concerns about that individual remain
b) where there are concerns about an individual who has left employment

However, for a case to be considered as a risk of harm, relevant conduct may not have occurred but there must be tangible evidence rather than a “feeling” that a person represents a risk to children and / or vulnerable adults.

1.8 For the purposes of a referral relevant conduct is any conduct:

a) That endangers a child, young person or vulnerable adult or is likely to endanger a child, young person or vulnerable adult;
b) If repeated against or in relation to a child, young person or vulnerable adult, would endanger them or would be likely to endanger them;
c) That involves sexual material relating to children (including possession of such material);
d) That involves sexually explicit images depicting violence against human beings (including possession of such images), if it appears to DBS that the conduct is inappropriate; or
e) Of a sexual nature involving a child, young person or vulnerable adult, if it appears to DBS that the conduct is inappropriate.

2. Referral process

2.1 Once the Trust is satisfied that the relevant conditions for referral have been met the disciplining manager must complete the DBS referral form available at https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance. Referral at this point will help to ensure that the DBS has sufficient evidence to commence its decision making process while providing adequate safeguarding for vulnerable groups.

2.2 The completed form, along with the supporting documentation must be posted to the DBS. The DBS address is contained within the referral form. Where applicable and at the same time the Trust should also report the matter to the relevant regulatory body e.g. GMC, NMC.

2.3 The DBS are required to acknowledge the referral by return post within three working days of receipt. The DBS may request further information if required.

2.4 The DBS will then consider the referral and any decisions to bar an individual will be communicated to the individual and any legitimately interested parties in writing. The DBS will inform the Trust of the outcome if the individual remains an employee. The Trust will not be informed if the individual is no longer an employee.

2.5 Copies of all correspondence with the DBS must be kept on the individual’s personal file.
This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title: Safeguarding Adults – Guidance on Handling Allegations/Complaints of Abuse Made Against Employees</th>
<th>Policy Author: Ms K Pearce Senior HR Manager (Projects)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes/No?</strong></td>
<td>Policy applies to all employees of the Trust. It is underpinned by the Trust’s overriding policy on equal opportunities</td>
</tr>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (*) denotes protected characteristics under the Equality Act 2010)</td>
<td></td>
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<tr>
<td>- Race</td>
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<td>- Ethnic origins (including gypsies and travellers)</td>
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<tr>
<td>- Nationality</td>
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<tr>
<td>- Gender</td>
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<tr>
<td>- Culture</td>
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<td>- Religion or belief</td>
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<tr>
<td>- Sexual orientation including lesbian, gay and bisexual people</td>
<td></td>
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<tr>
<td>- Age</td>
<td></td>
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<tr>
<td>- Disability – learning difficulties, physical disability, sensory impairment and mental health problems</td>
<td></td>
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<tr>
<td>- Gender reassignment</td>
<td></td>
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<tr>
<td>- Marriage and civil partnership</td>
<td></td>
</tr>
</tbody>
</table>

| 2. Is there any evidence that some groups are affected differently? | There is no evidence to support any group was affected differently other than stated above |
| 3. If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable? | n/a |
| 4(a). Is the impact of the policy/guidance likely to be negative? (If "yes", please answer sections 4(b) to 4(d)). | No |
| 4(b). If so can the impact be avoided? | n/a |
| 4(c). What alternatives are there to achieving the policy/guidance without the impact? | n/a |
| 4(d). Can we reduce the impact by taking different action? | n/a |

Comments: Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: Ms K Pearce Senior HR Manager (Projects) Date: 12 November 2013


(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)