

**Team Medic**

**Safeguarding Service Users**

**and Allegations Management Policy**

Contents

[Version Control](#_heading=h.gw3cwir2vqk5) 3

[Policy Statement](#_heading=h.jjqtwf8shh94)4

[Prevent](#_heading=h.usyschbl6uvu) 6

[Recruitment](#_heading=h.tvlpdip73xjm) 6

[Responsibility: Safeguarding Officer](#_heading=h.qi8bmx5u09s) **7**

[Responsibility: All Staff, Sub-Contractors and Third Party Organisations](#_heading=h.lqrqkpy1vkd8)7

[Training Obligation](#_heading=h.polzl6amqd8k) 8

[Legal Requirements](#_heading=h.r0mspepgcs0z) 8

[Definitions](#_heading=h.n8maliln9c89) 9

[Types of Abuse](#_heading=h.t8tfd8i119n0) 9

[Possible Signs of Abuse](#_heading=h.rzilvspi2ymv) 10

[Good Practice for Employees](#_heading=h.q3rayj7a417b) 12

[Practical approach to your Safeguarding responsibilities](#_heading=h.xrt5w4y13x5u) 13

[Raising A Safeguarding Concern](#_heading=h.xxw3rz2sa8dw) 14

[Responsibility: All Staff, Sub-Contractors and Third Party Organisations](#_heading=h.4e8amdtkw9gx) 14

[Concerns Over People Other than Patients](#_heading=h.xuezjtklqdmg)14

[Responsibility: Safeguarding Officer](#_heading=h.koecie28hq8t) 15

[The Outcome](#_heading=h.rab27jxvzwqs) 15

[What happens if there is alleged abuse by a member of staff?](#_heading=h.xi86avncnvqc) 15

[When an Allegation is Unsubstantiated](#_heading=h.v8iubepkekyn)16

[Action on Conclusion](#_heading=h.hj22tc25d3d7) 16

[Record Keeping](#_heading=h.2x4kd61owlg) 17

[Communication with Stakeholders](#_heading=h.qtxj5jce4eu8) 17

[Information Sharing](#_heading=h.kpxt3rc4n0gl) 17

[References:](#_heading=h.9x9q5m6el0p0) 18

[Appendix 1](#_heading=h.hvy8tcsrd7uq) 19

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# Version Control

| Version | Date | Changed By | Comments on Change |
| --- | --- | --- | --- |
| Version 1 | July 16 | Sara Sloper | Created |
| Version 2 | Oct 2017 | Sara Sloper | Reviewed and updated with new contact numbers for safeguarding services |
| Version 3 | June 2018 | Clive Palumbo | Reviewed and updated with new safeguarding manager |
| Version 4 | August 2019 | Clive Palumbo | Reviewed and updated with new types of abuse. |
| Version 5 | November 2020 | Clive Palumbo | Reviewed and updated with FGM and CSE abuses |
| Version 6 | November 2021 | Clive Palumbo | Reviewed |
| Version 7 | January 2022 | Hilary Humphrey | Updated with other types of abuse |
| Version 8 | April 2022 | Hilary Humphrey | Full review |
| Version 9 | October 2022 | Clive Palumbo | Updated Raising Concern section and added Appendix 1 details East of England’s Safeguarding Referral process  Amended title of policy |

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# Policy Statement

Team Medic places the protection of service users which include children, young people and vulnerable adults using its services and facilities as one of its major priorities and responsibilities.

We understand that service users have the right to be safe under our care, and that parents and carers need to have confidence in Team Medic as a company committed to safeguarding all.

Team Medic will endeavour to:

* Safeguard the welfare of all service users who come into contact with Team Medic employees and contractors.
* Protect children, young people and vulnerable adults from neglect and physical, sexual and emotional harm whilst under our care
* Deal with all suspicions and allegations of abuse seriously and respond appropriately
* Protect children and vulnerable adults with whom we come into contact, even if they are not being abused whilst delivering our services
* Encourage partnership agencies and hirers of our facilities to adopt safeguarding policies and procedures of their own
* Proactively participate in, and encourage, effective multi-agency collaboration to protect children and young people, and adults from harm
* Ensure that all Team Medic personnel are aware of, and act in accordance with, their personal responsibilities
* Ensure effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse
* Ensure that recruitment procedures are followed for every applicant before they are allowed to work with or supervise children or adults at risk of harm
* Continue to monitor the safeguarding policy for working safely with children and adults at risk of harm and take any measures required to strengthen and improve existing practice.

Note: The word ‘Service User’ throughout this policy includes a child has the specific meaning of anyone below the age of 18 years and the term adult refers to anyone aged 18 years or over. Where the expression young person is used it includes both older children and young and vulnerable adults which includes physical and mental impairments.

The word ‘employees’ throughout this policy includes employed staff, subcontractors and third-parties working on behalf of Team Medic.

In the course of work you will be party to information about individuals which is not in the public domain. Any information you receive belongs to the organisation and may only be used for legitimate Team Medic purposes.

The Government has established six principles that should underpin all adult safeguarding work and describes the individual outcomes that should result.

| **Guiding Principle** | **Individual Outcome** |
| --- | --- |
| Empowerment | People being supported and encouraged to make their own decisions and give informed consent  “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens” |
| Prevention | It is better to take action before it occurs  “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help” |
| Proportionality | The least intrusive response to the risk is presented  “I am sure that the professionals will work for my interests as I see them, and they will only get involved as much as is needed” |
| Protection | Support and representation to those in greatest need  “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want” |
| Partnership | Local solutions through services working with their communities. Communities have part ot play in preventing, detecting, and reporting neglect and abuse  “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best results for me” |
| Accountability | Accountability and transparency in delivering safeguarding  “I understand the role of everyone involved in my life and so do they” |

**Safeguarding Children** is defined in Working together 2018 as:

* protecting children from maltreatment
* Preventing impairment of a child’s health and development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
* Enabling children to have optimum life chances and to enter adulthood successfully

All children deserve the opportunity to achieve their full potential. They should be enabled to:

* Be as physically and mentally healthy as possible
* Receive maximum benefit from educational opportunities
* Live in a safe environment
* Experience emotional well being
* feel loved and valued
* Become competent in looking after themselves
* Have a positive image of themselves
* Have opportunities to develop good interpersonal skills and confidence.

Section 10(2\_ of the Children Act 2004 underpins these ideals and additionally sets out five outcomes for improving the wellbeing of children, namely:

* Physical and mental health and emotional wellbeing (stay safe)
* Protection from harm and neglect (be healthy)
* Education, training and recreation (enjoy and achieve)
* Making a positive contribution to society
* Social and economic wellbeing

# Prevent

Prevent is part of the Government’s counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist related activities. Raising such concerns is done via our safeguarding process.

# Recruitment

Team Medic takes comprehensive steps to ensure that all employees recruited are appropriately vetted.

Specifically in relation to Safeguarding Children and Vulnerable Adults, Team Medic’s policy is that all employees that work directly with children and vulnerable adults will be DBS checked. This applies to permanent, fixed term, temporary and casual staff. In all cases an Enhanced Disclosure will be sought.

Job advertisements will state that a DBS check is required. Team Medic complies with the Rehabilitation of Offenders Act 1974 and a spent conviction (other than those relating to child protection) will not be a bar to employment.

Additionally, for the recruitment of subcontractors and third party organisations, Team Medic will obtain a signed declaration (form S3) form the contractor/third party provider, confirming that they have followed a robust safeguarding recruitment.

# Responsibility: Safeguarding Officer

Marion Palumbo is Team Medic’s Safeguarding Officer and is the point of contact and reference for all staff should they have any safeguarding issues within the company. Marion is trained to Level 4 Safeguarding and her roles, responsibilities, competencies, knowledge and skills are underpinned by the Intercollegiate Document Adult Safeguarding: Roles and Competencies for Healthcare Staff.

The Safeguarding Officer provides advice, guidance and practical support to employees to ensure that they work safely with children and adults at risk of harm, in all the organisation’s activities.

This is achieved by:

* Ensuring that staff are kept up to date on changes to national and local safeguarding arrangements by reviewing updates from the Department of Health, Surrey Safeguarding Children Board, The Inter Collegiate documents for Adult and Children, relevant Trust Safeguarding Policies and other third party client information.
* Provide support to staff where allegations have been made against them
* Ensuring that appropriate safeguarding training is available to you to fulfil your role and to ensure best working practice throughout the organisation
* Advising on any issues or concerns you have about working practices
* Be responsible and accountable within the managerial framework of the company
* Adhering to Local Authority Safeguarding processes (**see** [**here**](https://www.surreysab.org.uk/information-for-professionals/ssab-policies-and-procedures/) for Surrey’s process), and those of our clients
* Liaising with CQC and our clients to ensure Safeguarding practices are regularly reviewed and improved.

# Responsibility: All Staff, Sub-Contractors and Third Party Organisations

These guidelines for safeguarding service users have been created for the benefit of all employees of Team Medic. They have been written in accordance with the guidelines recommended by the Care Quality Commission, the Intercollegiate Document Adult and Children Safeguarding, and relevant Trust safeguarding documentation.

This document outlines the actions that enable service users to feel safe while under the care of Team Medic.

The guidelines have been created for you to become more aware of the responsibilities we have for those placed in the care of Team Medic, but also for you to be able to identify potential cases of abuse.

Prevention of abuse is a core responsibility of all employees and third party organisations that provide care and support to service users.

The responsibilities of all employees include ensuring that:

* Understand and apply the safeguarding policy for working safely with children and adults at risk of harm
* Undertake training to the appropriate level that is delivered to support you in your role
* Act appropriately and be able to challenge inappropriate behaviour in others
* Be able to recognise abuse
* Know how to follow the procedure for reporting concerns, untoward occurrences,and alleged or suspected incidents of abuse
* Adhere to requirements set out in the relevant Trust policies
* Be required to cooperate with other agencies in the Trust’s investigations which may include The Care Quality Commission, Local Safeguarding Board, Police to name a few.

# Training Obligation

Staff are responsible for undertaking appropriate training to support them in their role and ensuring that this is regularly updated. This section, which is derived from the Intercollegiate Document Adult and Children Safeguarding: Education and Training section, sets out the key issues that staff should acquire and maintain in terms of their knowledge and skills.

The Intercollegiate Document is intended to provide guidance for the minimum indicative content and time required for practitioners to meet their safeguarding responsibilities. These responsibility extend to the following:

* Completing safeguarding training - Levels 1-3
* Completing annual refresher training
* Reading/attending CPD updates
* Completing a minimum of 3-4 hours CPD per year

Please contact the Safeguarding Officer for further information, or log on to the Staff Portal to view the Intercollegiate Document - Adult and Children Safeguarding: Roles and Competencies For Health Care Staff

# Legal Requirements

The main legal requirements on Safeguarding are contained in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The main principle of the act is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

Other legal requirements are covered in the following Acts:

* Human Rights Act 1990
* Safeguarding Vulnerable Groups Act 2006
* Care Act 2014 revised 2016 & updated June 2017
* Children’s Act 2008
* Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)

# Definitions

**Safeguarding** is defined asmeasures to protect the health, wellbeing and human rights of individual which allows people to live free from abuse harm and neglect

**Abuse**

Abuse falls into different patterns:

**Long Term** - e.g. an ongoing family situation such as domestic violence, or misuse of benefits

**Opportunistic -** such as theft occurring because money has been left lying around: sexual abuse can also be opportunistic

**Seria**l - in which the perpetrator seeks out and grooms’ vulnerable individuals, one after another, for personal gain or exploitation. Sexual abuse usually falls into this pattern as do some forms of financial abuse

**Situationa**l - comes from external circumstances: it could arise, for instance, because unrelated pressures have built up or because of challenging behaviour.

Any individual may be an abuser and abuse can take place anywhere.

## Types of Abuse

There are 10 types of abuse:

1. **Physical abuse**

Physical abuse, such as being hit, kicked, being locked in a room or inappropriate restraint.

1. **Neglect or acts of omission**

Neglect involves the failure to provide care or support which results in someone being harmed.

1. **Self-neglect**

Self neglects is a general term used to describe a vulnerable adult living in a way that puts his or her health, safety, or well-being at risk.

1. **Sexual Abuse**

Sexual abuse such as being made to take part in sexual activity when the service user has not, or is not able to give their consent. This includes Child Sexual Exploitation (CSE); see Appendix 2.

1. **Psychological Abuse**

Psychological abuse such as being shouted at, ridiculed or bullied, as well as being made to feel frightened. This also includes Female Genital Mutilation. Please see appendix 1.

1. **Discriminatory Abuse**

Discriminatory abuse involves treatment of harassment based on age, gender, sexuality, disability, race or religious belief.

1. **Financial or material abuse**

This is the theft or misuse of a person’s money or property

1. **Domestic Violence**

Domestic violence is the wilful intimidation, physical assault, battery, sexual assault, and/or

other abusive behaviour as part of a systematic pattern of power and control perpetrated by one intimate partner against another.

1. **Modern Slavery**

This includes: Slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

1. **Organisational Abuse**

Including neglect and poor care practice within an institution or specific car setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

Whilst the above reflect the commonly recognised ‘types’ of abuse, Team Medic recognises the following additions to type of abuse:

* Discriminatory abuse/ hate crime/ mate crime
* Exploitation
* Human trafficking
* Cyber abuse
* Forced marriage
* Concealed pregnancy
* Female genital mutilation
* Prevent strategy and violent extremism
* Sexual exploitation
* Fabricated induced illness

# Possible Signs of Abuse

**Possible Signs of Physical Abuse:**

* unexplained injuries or burns, particularly if they are recurrent
* refusal to discuss injuries
* improbable explanations for injuries
* untreated injuries or lingering illness not attended to
* admission of punishment which appears excessive
* shrinking from physical contact
* fear of returning home or of parents being contacted
* fear of undressing
* fear of medical help
* aggression / bullying
* over compliant behaviour or a ‘watchful attitude’
* running away
* significant changes in behaviour without explanation
* deterioration in work
* unexplained pattern of absences which may serve to hide bruises or other physical injuries.

**Possible Signs of Emotional Abuse:**

* continual self-depreciation
* fear of new situations
* inappropriate emotional responses to painful situations
* self-harm or mutilation
* compulsive stealing / scrounging
* drug / solvent abuse
* ‘neurotic’ behaviour – obsessive rocking, thumb-sucking, and so on
* air of detachment – ‘don’t care’ attitude
* social isolation – does not join in and has few friends
* desperate attention – seeking behaviour
* eating problems, including overeating and lack of appetite, depression, withdrawal

**Possible Signs of Self Neglect:**

* not enough food, water, heat
* filth, hazardous, unsafe or unclean living conditions
* major repairs needed but not done
* human or animal faeces
* hoarding
* animal or insect infestation
* poor personal hygiene
* unclothed or improperly dressed
* untreated medical conditions
* dehydrated, malnourished
* skin rashes or bed sores
* lack of interest or concern about life
* spending too much time alone, or isolated from former activities

**Possible Signs of Neglect:**

* constant hunger
* poor personal hygiene
* inappropriate clothing
* frequent lateness or non-attendance at school
* untreated medical problems
* low self-esteem
* poor social relationship
* compulsive stealing or scrounging
* constant tiredness

**Possible Signs of Sexual Abuse**

* bruises, scratches, burns or bite marks on the body
* scratches, abrasions or persistent infections in the anal or genital regions
* pregnancy – particularly in the case of young adolescents who are evasive concerning the identity of the father
* sexual awareness inappropriate to the child’s age – shown, for example, in drawing, vocabulary, games and so on
* frequent public masturbation
* attempts to teach other children about sexual activity
* refusing to stay with certain people or go to certain places
* aggressiveness, anger, anxiety, tearfulness
* withdrawal from friends

**Possible Signs in Older Children**

* promiscuity, prostitution, provocative sexual behaviour
* self-injury, self-destructive behaviour, suicide attempts
* eating disorders
* tiredness, lethargy, listlessness
* over-compliant behaviour
* sleep disturbances
* unexplained gifts of money
* depression
* changes in behaviour

Please note this list is not exhaustive.

# Good Practice for Employees

Team Medic can mitigate situations for abuse of service users and help to protect staff from false allegations being made by promoting good practice. The following points have been designed to assist all Staff:

* Physical contact and restraint should be avoided. Very often such contact may be construed as indicating some form of abuse. Where intervention is required, the following conditions will apply:
* Do not spend excessive amounts of time alone with children or vulnerable adults
* Be wary of offering reassurance and comfort to distressed service users in the same way a parent, carer, or responsible adult might
* Ensure colleagues are informed of where you are, with whom and for what purpose
* Do not take service users to your home
* Where any of these are unavoidable, ensure they only occur with the full knowledge and consent of someone in charge within the facility or the service users carer or responsible adult
* Horseplay and violent games must be avoided
* Treat all service users with equal respect
* It is not acceptable to restrain. If restraint is required, appropriate qualified support will need to be obtained, eg. the police. Only in an emergency where immediate intervention is required to preserve life or limb is such action justified eg. grabbing a child to prevent them running into the road.
* Give constructive feedback and recognize the varying developmental needs between service users
* Keep records of any concerns by informing the Safeguarding Officer immediately
* Discuss even the slightest concern with the Safeguarding Officer
* Report any inappropriate concerns with your manager or the Safeguarding Officer
* Do not promise confidentiality or to keep a secret

You Should Never:

* Put yourself into a situation that could be misinterpreted or a place that cannot be seen
* Engage in rough, physical or sexually provocative games including horseplay
* Have any inappropriate physical or verbal contact with others
* Make sexually suggestive comments to a service user, even in fun.
* Let allegations a service user makes go unheard or unrecorded; always act.
* Do things of a personal nature that service users can do for themselves.
* Administer First Aid to service users alone.
* Encourage or participate in any avoidable out of work situations with service users you work with
* Establish a relationship with service users out of the work situation

However, it may be sometimes necessary for Team Medic staff to do things of a personal nature for service users, particularly if they are very young or physically or mentally disabled. These tasks should only be carried out with the full understanding and consent of parents/carers. In an emergency situation, it is important to ensure all staff are sensitive to the service users and undertake personal care tasks with the utmost discretion.

## Practical approach to your Safeguarding responsibilities

**Always**

* If someone tells you they have been abused, move then to a private place/safe place if possible
* Stay calm – ensure the service user is safe and feels safe.
* Show and tell the service user that you are taking what he/she says seriously.
* Reassure the service user that you are there to support them.
* Be honest; explain you will have to tell someone else to help stop the alleged abuse.
* Record the information the service user gives you.
* Tell them that you will have to report to at least one other person, as it is your duty to do this.
* Although we cannot promise confidentiality to the service user; it is important that only relevant parties are informed of any allegation, in order to protect the service. Maintain confidentiality – only tell others if it will help protect the service user.
* Do not talk to anyone who does not need to know about the allegation/concern. For example, by inadvertently telling the alleged abuser, you may later be accused of ‘corrupting evidence’ or ‘alerting’.
* Contact Team Medic’s Safeguarding Officer

**Do Not**

* Take sole responsibility – consult the Safeguarding Officer so you can begin to protect the service user and gain support for yourself.
* Rush into actions that may be inappropriate.
* Make promises you cannot keep.
* Ask inappropriate questions, which may jeopardise any impending police investigation.

# Raising A Safeguarding Concern

## Responsibility: All Staff, Sub-Contractors and Third Party Organisations

When something **‘just does not seem right’** TM’s staff will refer to the TM’s safeguarding lead who in turn will share their concerns using the Single Point of contact (SPOc) Trust referrals pathway; discussed below

If you feel that a service user is at immediate risk of significant harm then:

* Inform the police immediately.
* Inform Team Medic’s Safeguarding Officer immediately
* Complete form S1 and submit it to the Safeguarding Officer

If you have a suspicion or a concern about possible abuse then:

* Follow the Safeguarding Process for the company or Trust we are contracting for. Please see Appendix 1 for East of England's Safeguarding Policy and Process
* Collate factual information about the concern, environment, and circumstances
* Take a detailed assessment of both history and relevant physical examination, taking particular note of any inconsistency in history and any delay in calling for assistance
* Ensure that those taking over care are aware - e.g. Accident and Emergency Staff
* Follow the Safeguarding Process
* Complete form S1and send to the Safeguarding Officer

# Concerns Over People Other than Patients

It is possible that whilst caring for a patient, staff may become aware of safeguarding issues surrounding another person in the household.

Once the duty of care to the patient has been discharged, staff must act upon their suspicions and report their concerns using Form SP1, or follow the process for the company/Trust we are contracting for.

**For the full process see:**

**Safeguarding process/flowchart**

**Whistle blowing**

**East of England’s Safeguarding Policy**

## Responsibility: Safeguarding Officer

Once a safeguarding concern has been identified by Staff and reported to the Safeguarding Officer there are a number of actions which must be followed by the Safeguarding Officer which is dependent on the severity of the concern and who we are contracting for. The actions are as follow:

* Follow Team Medic’s Safeguarding Process Flowchart. The flowchart includes three main elements; Reporting, Investigation and Action. Please see previously submitted supporting material.
* Ensure that any service users encountered in a Trust shift who are considered to be at risk of abuse/neglect are protected and brought to the attention of the Trust Safeguarding Team. *See Appendix 1* for East of England’s Safeguarding process.
* Be required to cooperate with other agencies in the Trust’s investigations which may include The Care Quality Commission (CQC), Local Safeguarding Board, Police to name a few.
* Notify CQC of any events and incidents pursuant to Regulations 16, 18, and 20 of the Care Quality Commission (Registration) Regulations 2009.

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# The Outcome

If the concern is proved to have been well founded, then corrective action will be taken and necessary steps will be implemented to prevent any further occurrences.

The Safeguarding Officer will arrange a meeting with the person who reported the concern to give appropriate feedback on the outcome.

Where there is no case to answer, but the individual acted in good faith, then management will ensure there are no reprisals to the reporting individual.

Where allegations are provided false and have been made maliciously, Team Medic’s management will undertake disciplinary actions against the person who made the false allegations.

## What happens if there is alleged abuse by a member of staff?

Any concerns about the behaviour of members of staff or any allegations of abuse must be reported to the Safeguarding Officer immediately. Depending on the seriousness of the allegations the member of staff may be suspended from work and there may be a Police criminal investigation and/or a Social Services child protection investigation. Irrespective of the outcome of any Police or Social Services investigation, Team Medic will apply its own disciplinary procedures as appropriate, which will involve a full and fair investigation.

It is important to follow the correct procedure in order to protect innocent employees and/or abused service users. This will also ensure that a fair and credible investigation is carried out.

If you believe there is malpractice or wrongdoing (eg. inappropriate behaviour by colleagues and/or friends) taking place in Team Medic, or in an activity related to the work of the organisation, then you can ‘blow the whistle’ on the behaviour. Whistleblowing – the accepted name for reporting a concern – is ‘making a disclosure in the public interest’. Such action is taken for the good of society, and it is therefore described in this way. It means that if you believe there is wrongdoing in the organisation then you will be supported in reporting it.

**See: Whistleblowing Policy**

**Grievance Policy**

## When an Allegation is Unsubstantiated

Where, following a Police or Social Care investigation it is concluded that the allegations are unsubstantiated, the Safeguarding Lead, Operations Manager and Clinical Lead will meet to discuss what further action, if any, to be taken.

Allegations may be unsubstantiated from a criminal perspective either because they do not reach the requirements for a criminal prosecution. However, there may be sufficient evidence to proceed with internal disciplinary actions.

Arrangement should be made between the Policy or/and Social services to present the evidence to Team Medic management (if a prosecution is not forthcoming) so that Team Medic management are able to use the evidence to determine further actions.

Where concerns remain about an employee’s conduct or behaviour in relation to children/vulnerable adults, internal enquiries should continue and may include the commissioning of a specialist risk assessment to consider the risk that the employee/volunteer may still pose.

Both external and internal investigations will proceed to establish if the allegations are substantiated, regardless if there is non cooperation from the accused, or if they are fired/resigned from their post with Team Medic. If the allegations are substantiated then the relevant governing bodies will be informed which will include CQC, DBS, HCPC etc.

# Action on Conclusion

Where investigations into allegations against employees are upheld the outcome will be placed on the employee’s personal file.

Where it is found that the employee did not commit the alleged act(s), or there are no grounds for concern to proceed with internal disciplinary action, the employee should be notified in writing within 7 days of the decision, and that no further action will be taken.

If an allegation is substantiated the Operations Manager will inform the relevant bodies as to the outcome e.g. CQC, HCPC, DBS etc. Further consideration will be given if the individual should be barred from, or have restrictions imposed in respect of, working with children/vulnerable adults when remaining employed by Team Medic.

In all cases where the allegation is substantiated, disciplinary proceedings will be instigated and followed by the Trust.

Once the investigation has completed and on conclusion of the case, it is decided by Management that the individual who was under investigation is to return to work, the Operations Manager in conjunction with the Office Manager must consider how best to facilitate this and what support may assist the employee to do so.

# Record Keeping

All involved should keep clear and comprehensive records. The Investigating Lead should compile a summary of:

* the allegation
* actions taken
* decisions made and reasons for them

On completion the employee should be provided a copy.

Team Medic records will be retained on the employee’s confidential file on Bright HR, until normal retirement age or for ten years, whichever is longer. Where disciplinary action has been taken and either proven or part proven and if it is a Safeguarding Children matter, Team Medic reserves the right to retain the documentation indefinitely.

Where a child and vulnerable adult has made the allegation, a copy of the statement or the record made of it should be kept which is not open to disclosure, together with a written record of the outcome of the investigation.

# Communication with Stakeholders

We will engage with patients and staff during the course of an investigation of Allegations against Staff in an open, honest and confidential manner.

The investigation officer will be the lead responsible for this, with other managers becoming involved as and when required.

Communication with patients and staff will take place throughout the incident and afterwards if appropriate. Any communication whether direct or indirect, should be documented and copies sent to appropriate agencies and departments involved, in line with our Information Sharing governance below.

# Information Sharing

Safeguarding is most effective when all agencies work together and share information to give a thorough understanding of the situation. Early sharing of information is the key to providing effective help. Fears of sharing information must not stand in the way of promoting and protecting those that may be at risk.

The Data Protection Action Act 2018 and UK General Data Protection Legislation requires that there is a ‘legitimate basis’ for sharing sensitive personal information. This legislation does not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. Keeping adults, children and young people safe from harm requires professionals and others to share information about:

* a child’s health and development and exposure to possible harm
* those who may pose a risk of harm to the adult/child in question
* a parent/carer who may not be able to care for an adult/child adequately or safely
* where a child is at risk of domestic abuse
* where a person is pregnant and there is a risk of domestic abuse

Therefore sharing sensitive personal information with other professionals can be legitimate to ensure that a full picture of the situation is obtained.

The adult/child you are concerned about may not consent to information being shared, however information may be shared where:

* there is an overriding public interest in the disclosure
* you may judge that the disclosure is in the best interests of the person who does not have the maturity, mental capacity or understanding to make a decision about disclosure
* disclosure is required by law

If there is reasonable cause to believe that someone is at risk of suffering significant harm, concerns should be raised, either through Team Medic or via the process of the customer we may be providing services for.

If you are uncertain then contact the Duty Manager or Safeguarding Lead for advice and guidance.

#### 

#### References:

The Policy supports legislation and guidance from:

[The Care Act (2014)](https://www.legislation.gov.uk/ukpga/2014/23/contents)

[The Children Act (2004)](https://www.legislation.gov.uk/ukpga/2004/31/contents)

[Safeguarding Vulnerable Groups Act (2006)](https://www.legislation.gov.uk/ukpga/2006/47/contents)

[Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents)

[Mental Capacity (Amendment) Act 2019](https://www.legislation.gov.uk/ukpga/2019/18/enacted)

[Prevent](https://www.counterterrorism.police.uk/what-we-do/prevent/#:~:text=We%20prevent%20vulnerable%20people%20from,police%20play%20a%20key%20role.)

[Female Genital Mutilation Act (2003)](https://www.legislation.gov.uk/ukpga/2003/31/contents)

#### Appendix 1

**Safeguarding Adults and Children**

**East of England’s Safeguarding Referral Process**

Team Medic (TM) will ensure that any service users encountered in an EEAST shift who are considered to be at risk of abuse/neglect are protected, safeguarded and their welfare are promoted.

When something ‘just does not seem right’ TM’s staff will refer to the TM’s safeguarding lead who in turn will share their concerns using the **Single Point of Contact (SPOC)** trust referrals pathway. The TM safeguarding lead will be assisted by the Trust through making the appropriate referral.

**SPOC’s telephone number is 0345 602 6856**

Once you have recorded your referral on the Trust SPOC system the database will automatically transmit an e-mail to the Social Care team & persons General Practitioner (GP), where they are registered with a GP.

Situations may arise where there is an immediate risk, especially out of hours and the TM’s On-call Manager may need to contact the **Emergency Duty Team (EDT)** or Police before making a SPOC referral.

TM safeguarding responsibilities and duties are as follow;

1. Adhere to requirements set out in the Trust’s Safeguarding Policy, which can be viewed on Team Medic’s Staff Portal.

2. Be required to cooperate with other agencies in the Trusts investigations which may include The Care Quality Commission, Local Safeguarding Board, Police to name a few.

3. **Remember**: It is neither your role, nor the responsibility of the Trust to investigate suspicions. The task for Trust staff is to ensure that any suspicion or concern is passed to the appropriate agency, i.e. the Police or the LA. This should be achieved by following the guidelines below. It is also important to ensure that those to whom care is handed over are also aware, for example Accident & Emergency staff.

4. **Where a child or adult is considered to be at imminent risk the Police should be requested to attend, then call SPOC and make a referral. It is important to understand that failing to act is not an option.**