



## Managing Safeguarding Allegations Policy / Procedure

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## **1. Statement of Aims and Objectives**

- 1.1. This document sets out how South East Coast Ambulance Service NHS Foundation Trust (The Trust) will manage any allegations made against Trust employees and volunteers who work with children and adults who may be unable to protect themselves from harm (Adults at Risk).
- 1.2. This policy and procedure seeks to prevent and address abuse by those who work with both children and adults at risk, particularly children and adults who may be at increased risk and may be unable to protect themselves from harm due to their care and support needs.
- 1.3. This policy sets out the Trust's commitment to safeguarding children and adults from abuse and neglect and gives direction to enable the Trust to deliver an appropriate response when allegations are received.

## **2. Principles**

- 2.1. Working Together to Safeguard Children (2018) and the Care Act (2014) outline the processes followed by the local authority safeguarding teams (Children's Services or Adult Social Care) and the need for partner agencies to work together in their investigations when allegations against employees or volunteers are received.
- 2.2. The Trust has a clear commitment to work co-operatively with other agencies to promote the health, protection and safety of children and adults at risk.
- 2.3. The Trust is committed to providing a safe service, ensuring that children and adults at risk are adequately safeguarded from abuse. All allegations of abuse or maltreatment of children and adults will therefore be taken seriously and treated consistently and confidentially.
- 2.4. The Trust will support any employee or anyone acting on behalf of the Trust, who reports legitimate concerns relating to the conduct of any employee or volunteer in relation to a child or adult at risk.
- 2.5. All employees, students, apprentices and volunteers will notify their line manager and safeguarding team of any allegation raised against them. Out of hours, notification must be made to strategic on call. This includes conduct whilst on or off duty, at home or when working with another provider or organisation.





- 2.6. Representation on external groups is essential for the Trust to remain an effective provider of patient care. The Trust will use information sharing protocols to ensure that external agencies are provided with information to safeguard and protect employees and the public affected by abuse.
- 2.7. The responsibility to investigate allegations rests with the appropriate social care authority and the police, however enquiries relating to child protection (s47 Children Act 1989) will usually take precedence over internal and disciplinary investigations. Enquiries regarding allegations of abuse against an adult at risk will be managed under s.42 of the Care Act 2014. In some cases, it may be appropriate to suspend or redeploy a member of staff, without prejudice, whilst external agency investigations take place.
- 2.8. The pace of internal processes will often be dependent upon enquiries made by other agencies, such as social care and the police. However, all internal processes must be completed as quickly as possible, without impeding a thorough investigation.
- 2.9. **The Trust may make use of other specialist advisors as required which could include:**
- Local Safeguarding Children Partnerships (LSCP's)
  - Local Safeguarding Adults Boards (LSAB's)
  - Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Public Protection
  - Arrangements (MAPPA) and local Police Constabularies
  - Clinical Commissioning Groups (CCG)
  - Child Death Overview Panels (CDOP)
  - Specialist Risk Assessment Agencies (e.g. Lucy Faithfull Foundation)
- 2.10. All shared information will be on a 'need-to-know' basis only, with all decisions carefully recorded including the rationale the sharing or withholding of information.
- 2.11. The Trust acknowledges that it is distressing for an individual if an allegation is made against them, and as part of its duty of care the Trust undertakes to ensure that the individual is offered appropriate support.
- 2.12. Consideration must be given to the impact on the employee/volunteer's spouse, partner and family.





### 3. Definitions

- 3.1. A child is defined as any person under the age of 18 years.
- 3.2. An adult is defined as any person aged 18 years or over.
- 3.3. **An “adult at risk” is defined within the Care Act 2014 as an adult who:**
- has needs for care and support (whether or not the local authority is meeting any of those needs) and
  - is experiencing, or at risk of, abuse or neglect, and
  - 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.
  - A Member of staff / Employee includes all paid employees, students, apprentices, trainees, bank staff, secondees and temporary staff. Volunteers include anyone who undertakes unpaid roles on behalf of the trust.
- 3.4. **An Allegation refers to a situation whereby the Trust receives information that a member of staff has or may have;**
- 3.4.1. Behaved in a way that has harmed or may have harmed a child or adult at risk. For the avoidance of doubt, sexual offences and domestic abuse offences of any nature, regardless of the victim’s age or vulnerability should be dealt with via this policy and procedure.
- 3.4.2. Committed a criminal offence against a child or adult at risk.
- 3.4.3. Behaved in a way towards a child or children that indicates they may pose a risk of harm to children.
- 3.4.4. As a parent or carer, has become subject to child protection procedures (s47 Children Act 1989).
- 3.4.5. Engaged in an inappropriate relationship with a child or adult at risk (including situations whereby the contact is solely via phone / text messaging / internet etc).
- 3.4.6. Behaved in a way in their personal life that raises safeguarding concerns.





- 3.4.7. Is closely associated in their personal lives with someone who may present a risk of harm to children for whom the member of staff is responsible for in their employment.

## **4. Responsibilities**

- 4.1. The Trust Board has overall responsibility to ensure that the management of allegations is undertaken consistently and that cases are reviewed on an aggregated basis to enable the recognition of trends.
- 4.2. The Chief Executive Officer is accountable for the proper and effective management of risk within the Trust and is responsible for ensuring the safety of patients, visitors and employees within the organisation by:
- 4.3. Having robust systems in place to identify trends and themes around allegations against employee incidents, and to learn lessons across the organisation wherever possible.
- 4.4. Ensuring measures are taken to ensure the safety of patients, employees and visitors.
- 4.5. Ensuring this procedure is implemented within all areas of the Trust through responsible directors and managers.
- 4.6. The Executive Director for Nursing and Quality has Board level responsibility for Safeguarding Children and Adults. They are the senior manager with overall responsibility for ensuring the Trust deals with allegations in line with local and national policy. They have oversight of the management of allegations, including ensuring appropriate notifications are made to external partner agencies, such as the police, CCG and CQC.
- 4.7. **The Safeguarding Lead is responsible for:**
- 4.7.1. Ensuring aggregated data relating to allegations against employees are analysed and that any trends or common themes are identified and communicated to all relevant individuals or groups.
- 4.7.2. Communicating learning points identified following investigations to relevant internal and external stakeholders.
- 4.7.3. Maintaining links with the wider safeguarding children and adults' networks and ensuring that relevant information is disseminated as required to all employees within the Trust.
- 4.7.4. In conjunction with HR, ensuring this policy is reviewed as necessary and to support relevant Local Safeguarding Children





## Partnerships (LSCP) and Local Safeguarding Adults Boards (LSAB).

- 4.7.5. Maintaining up to date knowledge of safeguarding children and safeguarding adults' legislation, guidance and recommendations.
- 4.7.6. Ensuring that information is shared with the HR Director or their nominated representative pertaining to allegations.
- 4.7.7. In consultation with the Executive Director for Nursing and Quality, liaising with the Local Authority/ies, which may include the Local Authority Designated Officer (LADO), Police, CCGs and Regulatory Bodies.
- 4.7.8. Providing specialist advice to investigating managers.

### 4.8. **The HR Director is responsible for:**

- 4.8.1. Ensuring appropriate commissioning and investigating managers are assigned to investigate an allegation.
- 4.8.2. Ensuring, where appropriate, that action plans are developed by identified managers and monitored effectively, including escalating to the appropriate Director any concerns or failure to implement action plans.
- 4.8.3. Ensuring that internal committees are notified of any allegations as necessary.
- 4.8.4. Ensuring that information is shared with the Safeguarding Lead pertaining to allegations.
- 4.8.5. Offering support and guidance to employees about issues relating to concern and allegations against an employee.
- 4.8.6. Ensuring that all cases of allegations against employees are investigated and managed in accordance with this policy.
- 4.8.7. Supporting the investigator throughout the investigation process.
- 4.8.8. Ensuring management of the case is in accordance with other relevant Trust policies and procedures.

### 4.9. **All Employees and Volunteers have a responsibility to:**

- 4.9.1. Be personally responsible for any action or omission which would knowingly cause risk to others.





- 4.9.2. Co-operate with investigations to ensure that allegations are fully and fairly investigated and maintain the confidentiality of all parties involved.
- 4.9.3. Ensure, as far as is within their control, that any learning points communicated to them are implemented.
- 4.9.4. Be personally responsible for reporting initial concerns about potential abuse via the safeguarding Datix portal or by contacting the safeguarding team.
- 4.9.5. Notify their line manager, and their own professional and registration body as required, if an allegation is raised against them due to conduct with adults or children.
- 4.9.6. As part of their professional accountability, maintain their knowledge and understanding of this policy and procedure.
- 4.9.7. Undertake the Trust's statutory and mandatory training commensurate to their role.

## **5. Procedure**

- 5.1. **This procedure applies to all allegations which indicate that an employee has or may have:**
  - Behaved in a way that has harmed a child or adult at risk, or may have harmed a child or adult; or
  - Possibly committed a criminal offence against or related to a child or adult at risk; or
  - Behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to children or adults.
- 6.1. Allegations may relate to an incident/s occurring during or outside of employment with the Trust.
- 6.2. During employment, allegations may arise from a number of sources for example a concern, a suspicion, a complaint or report from a child or adult or a notification from a partner agency.
- 6.3. The Trust will undertake a risk assessment when concerns arise about the employee's behaviour occurring outside their employment with the Trust. This may be reported by the police or social care, or by the employee involved. Please refer to the Trust's Risk Assessment Procedure.
- 6.4. All allegations should, in the first instance, be considered as requiring a safeguarding response. However, following an initial





evaluation, some allegations may be dealt with under the Trust's performance management, capability, disciplinary or complaints processes, or dismissed with no further action.

## **7. Immediate Action (See also Appendices)**

- 7.1. Trust employees / volunteers receiving or becoming subject of an allegation must inform their line manager (or an appropriate on call manager out of hours) at once. The employee may also email any pertinent details to [urgent.safeguarding@secamb.nhs.uk](mailto:urgent.safeguarding@secamb.nhs.uk) once a manager has been informed.
- 7.2. The Manager receiving the allegation must also inform the Safeguarding Team via email to [urgent.safeguarding@secamb.nhs.uk](mailto:urgent.safeguarding@secamb.nhs.uk). If the manager receiving the allegation is not responsible for the subject of the allegation, they must ensure the individual's line manager is also notified. This must take place within 24 hours.
- 7.3. The Trust will undertake and record an initial risk assessment as per the trust Disciplinary Policy / Procedure and/or the Restriction in Clinical Practice Procedure. The manager receiving the allegation should consult with strategic on call, who can escalate to the director on call where required.
- 7.4. All communication regards an allegation must be sent to [urgent.safeguarding@secamb.nhs.uk](mailto:urgent.safeguarding@secamb.nhs.uk), not individuals or any other safeguarding email address.
- 7.5. The safeguarding team will ensure the HR director (or their nominated representative) are aware of all allegations received.
- 7.6. The Executive Lead with responsibility for safeguarding will be notified of the allegation. External communications (i.e. social care or police) will be made by the Safeguarding Team in consultation with the Executive Lead for safeguarding, or the director on call if the allegation has been made out of hours.
- 7.7. The Local Authority and or Police should be consulted before informing the employee to ensure that this does not impede the appropriate exercise of enquiry, disciplinary or investigative processes.
- 7.8. Action should be taken as soon as possible to inform the employee against whom an allegation has been made regarding the nature of the allegation, how enquiries will be conducted and the possible outcomes.





- 7.9. Where contact is initially made by the police, the Trust may be governed to act in accordance with timescales requested by the police. For example, the police may ask the Trust to refrain from approaching the employee about the allegations until they have made initial contact.
- 7.10. If an allegation is received by an external agency, e.g. the police, it is essential that the relevant authority notifies the Safeguarding Team of the allegation without delay.
- 7.11. A strategy planning meeting will be convened if the allegation meets the safeguarding threshold. This will include as a minimum; Senior Safeguarding Representative, HR Business Partner and the subject of the allegation's Senior Manager.
- 7.12. All allegations where a strategy planning meeting is convened will be referred to the Serious Incident Group for consideration. Parties in the case will be anonymised.
- 7.13. The Executive Lead may inform the communications department if there is likely to be media interest in the case.
- 7.14. All employees involved in the management of the allegation must treat it with the upmost confidentiality and share information on a need to know basis only. Any subject matter experts who are required to give advice from outside the 'core group' (e.g. IT, Security, etc.) will be reminded of their obligations to maintain confidentiality. Unauthorised sharing of information about an allegation can be damaging to all involved and may be subject to the Trust's disciplinary policy and procedure.

## **8. Support**

- 8.1. Once the employee or volunteer has been made aware/informed the Trust of the allegation, they should be treated fairly, with honesty and be offered support throughout the investigation process, as should other Trust employees affected by the situation. Further wellbeing support is highlighted within the trust disciplinary policy.
- 8.2. The Trust acknowledges that it is distressing for an individual if an allegation is made against them, and as part of the Trust's duty of care undertakes to ensure that the employee has appropriate support. This support will be given both during and after any investigation or suspension if necessary.
- 8.3. Support must be handled sensitively and carefully to ensure that no evidence is lost or contaminated; advice may need to be sought from the police as to boundaries of support offered.





- 8.4. As soon as an employee / volunteer is made aware of the allegation, a welfare officer will be selected in consultation with the employee / volunteer, to act as a support and to ensure that communication is effective between all parties concerned.
- 8.5. The individual will be made aware that any information they share with the welfare officer may have to be passed on to the police or social services if felt to be relevant to the investigation.
- 8.6. The individual should be advised to seek legal advice and to contact their union and/or professional body.

## **9. Suspension**

- 9.1. A risk assessment must be considered/completed to determine whether the employee should be suspended.
- 9.2. If indicated, suspension will be authorised in line with section 11 of the trust disciplinary policy and procedure.
- 9.3. It may be the case that the allegation does not meet the threshold for suspension under the disciplinary policy, however yet a restriction in clinical practice may be appropriate to ensure all parties are safeguarded whilst an investigation takes place. In this case, the Restriction in Clinical Practice Procedure should be followed.
- 9.4. The decision should be made following the advice of the Local Authority, Safeguarding Team, and the Police if there is a belief that a criminal offence may have been committed. This should also be in accordance with the Trust's Disciplinary Policy and Procedure.
- 9.5. **Suspension should always be considered where:**
- There is cause to suspect a child/adult is at risk of significant harm.
  - The allegation warrants investigation by the police
  - The allegation is so serious that it might be grounds for dismissal.
  - It is necessary to allow the conduction of an investigation to proceed unimpeded.
- 9.6. When the allegation relates to an incident occurring during employment with the Trust, there may be a need to preserve forensic evidence. In this instance the employee should be asked to





return any patient records or trust documentation, keys and IT devices including declaration of computer passwords where appropriate and, under supervision, collect any personal belongings which they may need during suspension.

## 10. Investigation

- 10.1. It is essential that all allegations are considered objectively and in line with the Trust's Investigation Guidelines. Any person involved in the consideration and/or investigation of an allegation must declare any possible conflict of interest.
- 10.2. An investigation will continue to completion irrespective of whether the employee refuses to cooperate, resigns or retires, in order to establish if the allegation is substantiated.
- 10.3. Where it is found that the employee did not commit the alleged act or that there are no grounds for concern, the employee should be notified in writing as soon as possible after the decision, and that no further action will be taken. HR will consider the employee's need for any ongoing support.
- 10.4. Investigations into allegations against employees, including the outcome, will be placed on a separate HR file even where there is clear and demonstrable evidence that the allegation is malicious, so there is a record for future reference. Managers will ensure that the employee's future prospects within the Trust are not affected by false allegations.
- 10.5. **Outcomes of allegations can be broadly categorised under the following headings:**
  - 10.5.1. **Substantiated:** There is sufficient evidence to prove the allegation.
  - 10.5.2. **Unsubstantiated:** There is insufficient evidence to prove or disprove the allegation.
  - 10.5.3. **Unfounded:** There is evidence that disproves the allegation.
  - 10.5.4. **Deliberately invented/malicious:** There is evidence that not only disproves the allegation, but also proves a deliberate intent to deceive.
  - 10.5.5. **Displaced:** An allegation is made to draw attention to child or adult protection issues elsewhere.
  - 10.5.6. **Misinterpreted:** A misunderstanding e.g. where inaccurate meaning has been ascribed to words or actions.





## 11. Strategy Meetings

- 11.1. Local authorities employ a LADO (Local Authority Designated Officer) who can be contacted for consultation about any allegation against an adult who works with children. If they decide that an allegation requires investigation by police and or social care, they will recommend referral and arrange an appropriate strategy meeting. Allegations involving adults can be discussed with the safeguarding lead within the adult social care team, or where applicable the Adult LADO (not all local authorities appoint an adult LADO).
- 11.2. A Strategy Meeting is a multi-agency discussion, and will be used to agree action following a referral where an employee who works with children or adults is alleged to have:
- Behaved in a way that has harmed or may have harmed children or adults.
  - Possibly committed a criminal offence against or related to children or adults.
  - Behaved towards children or adults in a way that indicates they are unsuitable to work with children or adults.
- 11.3. The main purpose of the discussion is to ensure the safety of the person affected. However, the role of the Trust in the discussion is around the duty of care to the employee and ensuring adequate support is provided for them.
- 11.4. It is not the role of the strategy meeting to decide whether the employee should be suspended, although the meeting may recommend a course of action regarding suspension. Therefore, the Trust will consider whether the employee should be suspended or re-deployed to non-regulated activity.
- 11.5. The Safeguarding Lead and the manager who commissioned the investigation will normally attend strategy meetings. The employee will not be invited or entitled to attend the strategy meeting.
- 11.6. **Alongside the strategy meetings, the line manager and/or HR will have regular contact with the employee to:**
- Update on the progress of any police or other investigation.
  - Discuss welfare and any support the Trust may offer.
  - If suspended, confirm when this will be reviewed.





- If placed on alternatives duties, discuss any issues or concerns.
- Agree any actions required.
- Agree a date for the next contact.

## **12. Outcomes**

- 12.1. A final meeting may be held by the Local Authority at the end of the safeguarding enquiries or criminal investigation to review the case and plan any further actions required, including any issues to be shared with the Local Safeguarding Children Partnership, Local Safeguarding Adult Board or the Trust regarding need for procedural review, training, risk management etc.
- 12.2. If the allegations are substantiated, then the internal Trust process will be dealt with under the Trust's Disciplinary Policy & Procedure.
- 12.3. If an allegation is substantiated, relevant professional & registering bodies will be informed, for example DBS, General Medical Council, HCPC etc.
- 12.4. If an allegation is substantiated (whether or not the employee resigns or is dismissed) the trust will complete a referral to the appropriate regulatory body. The Local Authority will be informed of this decision.
- 12.5. A decision will then be taken whether to refer the employee to the DBS service to consider whether the employee should be barred from, or have restrictions imposed in respect of working with children or adults. This decision will be based on guidance from the DBS. If such a referral is to be made it should be made within 28 days of the conclusion of the case. This referral can still be made if the employee resigns, refuses to cooperate etc.
- 12.6. Allegations may be unsubstantiated from a criminal perspective either because they do not reach the threshold for criminal prosecution, or because a person has not been convicted on the burden of proof of 'beyond all reasonable doubt', or because it is not perceived to be in the public interest to proceed with a prosecution. However, there may be sufficient evidence for the case to be considered under an internal Trust disciplinary procedure where the burden of proof is on 'the balance of probability'.
- 12.7. Where following investigations it is concluded that the allegation is unsubstantiated, the Trust will consider what further action, if any, should be taken.





- 12.8. Where concerns remain about the employee / volunteer's conduct or behaviour in relation to children or adults, internal enquiries should continue and may include the commissioning of a specialist risk assessment to consider the risk that the employee may still pose.
- 12.9. If on conclusion of the case it is decided that the employee / volunteer should return to regular duties, the line manager will consider how best to facilitate this and what support may be necessary. The employee will have the right to discuss any communication regards their return to duty with their line manager to ensure all those who need to know are aware the allegation was unfounded.
- 12.10. In this regard, any contact with the person(s) who made the allegation and/or the child or adult who was the subject of the allegation, should be taken into consideration. Any need for monitoring or training, and where appropriate the parameters, for example time frame/review periods for such monitoring or training, should also be considered.

### **13. Audit and Review (evaluating effectiveness)**

- 13.1. All policies and procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy and procedure is approved and disseminated.
- 13.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 13.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 13.4. All changes made to this policy and procedure will go through the governance route for development and approval as set out in the Policy on Policies.

### **14. Associated Trust Documentation**

- Safeguarding Policy
- Disciplinary Policy





- Restrictions in Clinical Practice Procedure
- Bullying & Harassment Policy and Procedure
- Risk Assessment Procedure
- Freedom to Speak Up Policy
- Incident Reporting and Investigation Manual

## **15. References**

- Working Together to Safeguard Children (2018)
- The Care Act (2014)
- Serious Incident Framework – NHS Commissioning Board (2015)
- DBS Referral Flowchart, Disclosure and Barring Service

## **16. Equality Analysis**

- 16.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 16.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.





## **17. Appendix A: Reporting a Concern**



### **Initial Response**

- 1.** Any employee who has a concern or has received information that another employee or volunteer has behaved in a way outlined in the above procedure must report this to the safeguarding team at [urgent.safeguarding@secamb.nhs.uk](mailto:urgent.safeguarding@secamb.nhs.uk) and their line manager / senior manager immediately.
- 2.** Any manager receiving an allegation must follow the actions in section 6 of the managing safeguarding allegations policy and procedure. They should complete the initial record of allegation (appendix B Managing Safeguarding Allegations Policy / Procedure) and email it to [urgent.safeguarding@secamb.nhs.uk](mailto:urgent.safeguarding@secamb.nhs.uk) within 24 hours.
- 3.** If an individual is unable to raise an allegation to their line manager, as the allegation relates to the manager in question, they may report it to the safeguarding team directly.
- 4.** All allegations will be treated in the strictest confidence.
- 5.** Trust managers or employees must not attempt to undertake any enquiries or to seek to determine whether the allegation is true or not at this stage. However, it is acknowledged that immediate action may need to be taken to protect patients, victims, the subject of the allegation and the Trust. This may be a temporary restriction or revision of duties, such as sending the member of staff home or redeploying them to mitigate risk.
- 6.** Any evidence should be secured and preserved, for example mobile telephone, iPad, computers etc. This will be subject to advice from the senior manager and, where necessary, Police and Local Authority.
- 7.** No discussion about the allegations should take place with the subject employee prior to discussion with the Safeguarding Team and HR who will advise further. This is to protect others and preserve evidence.
- 8.** Where it is believed that a child or vulnerable adult is at immediate risk, the police should be contacted by telephoning 999 or via EOC.
- 9.** Where an allegation is received about someone from another organisation (including anyone contracted to work on behalf of the Trust) this should be reported to the Safeguarding Team who will liaise with the Local Authority appropriate to the area the person is working in.
- 10.** All records and notifications should be emailed to [urgent.safeguarding@secamb.nhs.uk](mailto:urgent.safeguarding@secamb.nhs.uk).





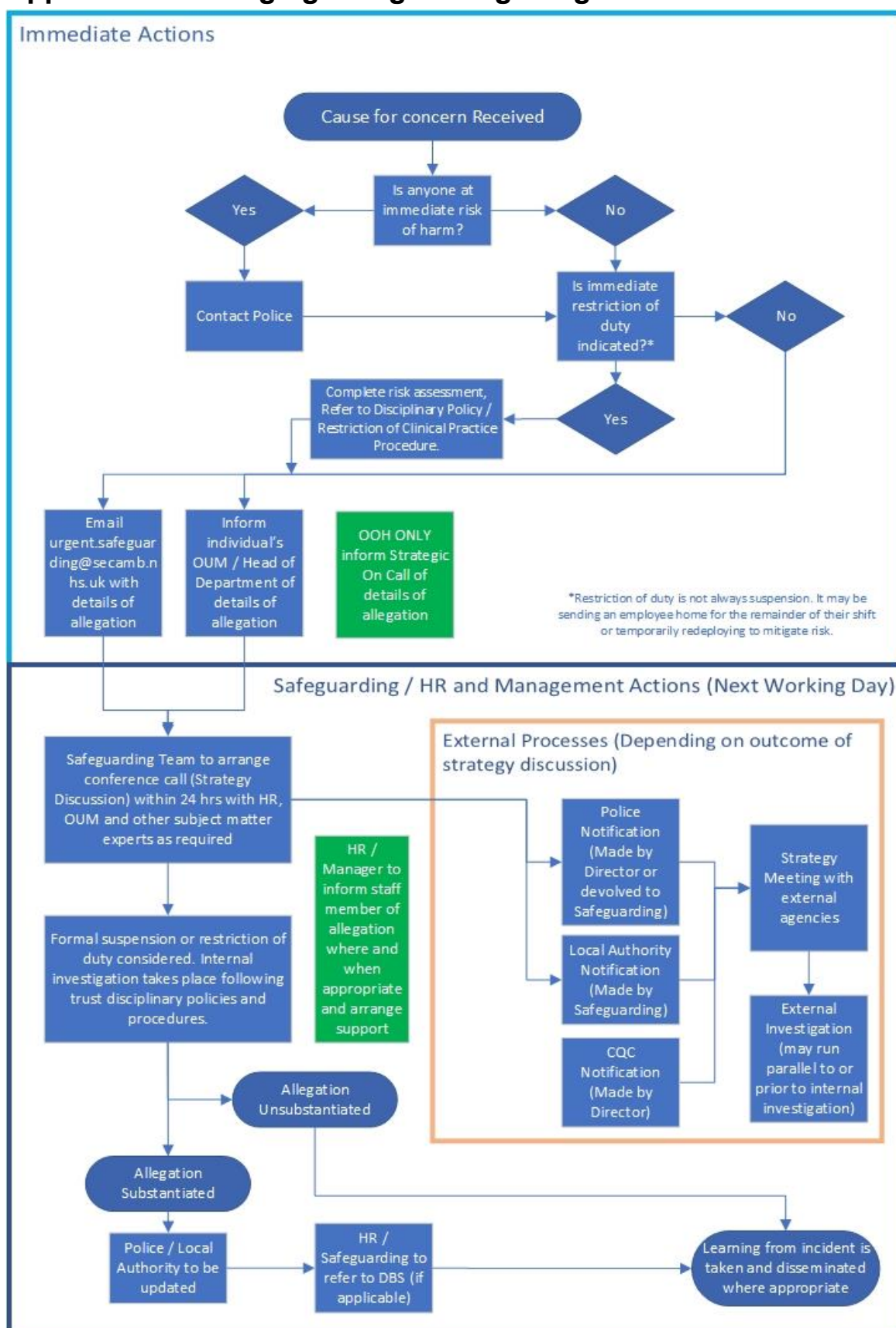
## Appendix B: Reporting a Concern

South East Coast Ambulance Service NHS Trust Initial Record of Safeguarding Allegation		 South East Coast Ambulance Service NHS Foundation Trust 
Date		Time
Completed By		Role
<b>1) Subject of Allegation details</b>		
Name		
Work Location		
Role		
Line Manager		
Home Address		
<b>2) Allegation Details</b>		
Describe in as much detail as possible the allegation that has been received.	Try to include the exact words used by the person making the allegation	
Date, Time and Location of alleged incident.		
Details of any witnesses (if known).		
Details of the person or agency raising allegation.		
Details of alleged victim/s	Include name/s, address and date of birth if known	
<b>3) Other Info</b>		
Other agencies involved.		
Are you aware of any previous allegations?		
If relevant; does the subject have children whom they care for? Record names and dates of birth if known.		
<b>4) Actions</b>		
What Actions have been taken so far?		
Are there any urgent outstanding actions?		
<b>5) Any other Relevant Information</b>		





## Appendix C: Managing Safeguarding Allegations Flowcharts







## Appendix D: Examples of Allegations and Concerns

The list below is not exhaustive but gives some guidance as to what sort of allegations and concerns should be considered under this document. An element of common sense and judgement should be applied in all cases and the safeguarding team / HR consulted if unsure.

Sexual offence, outside of employment, perpetrated against an adult	Yes – regardless of the fact the alleged victim may not meet the definition of adult at risk, this policy applies.
Possession of indecent images / pseudo images of children	Yes – This includes images discovered on employees own devices, not just trust property.
Driving ban for driving under influence of alcohol	No – This may be considered under other Trust policies / procedures if relevant.
Theft from an adult at risk, either patient or outside of employment	Yes – any theft from an adult at risk is a form of financial abuse. This may include vulnerable relatives and contacts and well as patients.
Theft of trust property	No – This may be considered under other Trust policies / procedures if relevant.
Inappropriate social media messages to a child	Yes – this applies to all children under 16, and those under 18 where the adult is in a position of trust.
Employee's own children becoming subject to a Child Protection Plan	Yes - This does not apply if an employee receives support from the Local Authority short of a Child Protection Plan (S47 Children Act)
Arrest for a domestic assault, outside of work, perpetrated against employees' family member	Yes – regardless of the fact the alleged victim may not meet the definition of adult at risk prior to the assault, this policy applies.
Allegation of inappropriate treatment being given.	Usually No – This may be considered under other relevant policies and procedures unless the treatment was knowingly abusive or harmful, e.g. deliberate administration of a medication to cause harm.