

Reference Number: UHB 327 Version Number: 3	Date of Next Review: 29 Jan 2028 Previous Trust/LHB Reference Number: N/A
--	--

## Safeguarding Allegation/Concerns About Practitioners and Those in Positions of Trust Procedure

### Introduction and Aim

Cardiff and Vale University Health Board (the UHB) has a duty to protect the individuals in our care. If an allegation of abuse or neglect is made against one of our employees it may be necessary to take action to keep individuals safe from further actual harm or the risk of harm.

Concerns can be raised if an employee is believed to have hurt or placed a child or vulnerable adult at risk, this could be in a number of ways including acts of omission, deliberate acts or non-intentional acts, and could be at work or in their personal life.

The Health Board has a duty to look into all concerns it receives of this nature. This is done through the process set out in the [Wales Safeguarding Procedures \(2019\)](#) and while support will be given, preventative measures may be taken for safeguarding purposes even if the allegation has not yet been proven. It is important to differentiate between cases involving issues such as poor professional practice and cases that give rise to child or adult protection concerns. Whilst the former may be handled through capability or disciplinary procedures, child and adult protection concerns **must** always be dealt with through the Wales Safeguarding Procedures.

Where an allegation of abuse or neglect of anyone in our care is proven, action will be taken. This could involve prosecution, disciplinary action and notification to professional registers or reporting to the Disclosure & Barring Services (DBS).

Employees who are involved in safeguarding allegations, either because they have raised the concern or had an allegation made about them, will be supported during this process.

### Objectives

- To ensure that all concerns of this nature are dealt with within the appropriate framework and that appropriate action is taken.
- To ensure that the approach adopted is a risk management approach, based on an informed assessment of harm and abuse.
- To safeguard children and adults at risk from abuse and avoidable neglect by UHB employees.
- To ensure an equitable, fair and consistent response when concerns are raised.

Document Title: <i>Safeguarding Allegations Procedure</i>	2 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

- To support members of staff who have made a referral or who have had a referral made against them
- To raise awareness of all UHB staff of the possibility of abuse or neglect of children and adults at risk, by professionals and other healthcare workers by ensuring all staff to complete safeguarding training.

### Scope

This Procedure applies to all employees of the UHB, regardless of whether or not their employment brings them into direct contact with adults at risk or children. For the purposes of this Procedure individuals who are engaged by the Temporary Staffing Office are treated in the same way as employees. The principles set out in this Procedure will also apply to other individuals and groups, including agency workers, students, contractors, honorary contracts holders, volunteers and trainees.

This Procedure applies to all concerns of this nature, regardless of whether the abuse or neglect is alleged to have taken place in work or in the employee's private life.

### Documents to read alongside this Procedure

[Professional Registration Procedure](#)  
[Disciplinary Policy](#)  
[Domestic Abuse Procedure](#)  
[Disclosure and Barring Service \(DBS\) Policy](#)  
[Raising Concerns Procedure for NHS Staff](#)  
[Capability Policy](#)  
[Wales Safeguarding Procedures](#) (2019)  
 Social Services and Wellbeing (Wales) Act 2014  
 Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015  
 National Policing Statement 2023 for Violence against women and girls (VAWG).  
 Upholding Professional Standards in Wales (UPSW)  
 Speaking up Safely Framework  
 Regional Safeguarding Board Leaflet  
 Managing Attendance at Work Policy

### Accountable Executive or Clinical Board Director

Executive Director of People and Culture

### Author(s)

Head of Safeguarding for Children and Adults / RCN, People Services

Document Title: <i>Safeguarding Allegations Procedure</i>	3 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

### Disclaimer

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	28/07/2016	08/09/2016	Information previously contained in the Professional Abuse Policy. A new policy has been developed and separate procedures written to support it in line with the UHB template Reference made to the new Social Services and Wellbeing Act (2015) Strategy meetings now chaired by Safeguarding not DLM
2	25/02/2021	11/03/2021	Title changed from Professional Abuse Procedure Legislation updated Policy and procedure merged (policy UHB 172 rescinded) References to DLMS changed to Health Lead Practitioners More emphasis placed on supporting staff who have had an allegation made against them
3	29/01/2025	06/03/2025	Updated Safeguarding documents. More emphasis on support for staff during a formal process. Update title of People Services.

Document Title: <i>Safeguarding Allegations Procedure</i>	4 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

## CONTENTS

1	RESPONSIBILITIES	5
2	PRINCIPLES	7
3	MANAGING ALLEGATIONS	8
4	SHARING INFORMATION	11
5	SUPPORTING EMPLOYEES	12
<b>APPENDICES</b>		
1	FLOW CHARTS	14
2	RISK ASSESSMENT FORM FOR ALLEGATIONS OF ABUSE MADE AGAINST AN EMPLOYEE	15

Document Title: <i>Safeguarding Allegations Procedure</i>	5 of 23	Approval Date: 29 Jan 2025
Reference Number: 327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

1	<p><b>RESPONSIBILITIES</b></p> <p><b>The UHB</b></p> <p>Cardiff and Vale University Health Board (the UHB) has a legal obligation to ensure that the protection and safeguarding of children and adults at risk is of paramount importance. Situations may arise where the privacy rights of others may have to be balanced against the needs of the child/adult at risk.</p> <p>The UHB has a responsibility to notify the police when concerns are raised if it is in the public interest or a crime has been deemed to have been committed, even if the individual concerned does not wish the police to be involved.</p> <p>We also have a duty of care to our staff and need to ensure that they are appropriately supported through this process regardless of whether they have raised a concern or had it raised against them.</p> <p><b>The Executive Director Of Nursing</b></p> <p>The Executive Director of Nursing has delegated responsibility for ensuring the safeguarding of children in accordance with Section 28 of the Children Act (2004) and also holds responsibility for the safeguarding of adults at risk.</p> <p><b>The Safeguarding Team</b></p> <p>The Head of Safeguarding for Children and Adults provides strategic leadership and operational advice and support within the UHB. The team have a key role in supporting the organisation in implementing, embedding and monitoring legislation and guidance related to safeguarding.</p> <p>In all cases where allegations of abuse or neglect are raised against employees, the Head of Safeguarding for Children and Adults must be informed.</p> <p>The Head of Safeguarding or the Senior Nurse for Safeguarding must attend all safeguarding allegation meetings about Health Practitioners and may Chair them on behalf of the Local Authority. The relevant People Services representative and the individual's line manager will also be expected to attend the meeting.</p> <p>The Head of Safeguarding will keep the relevant Executive Director informed as Head of their professional body within the UHB.</p> <p>The Head of Safeguarding for Children and Adults acts as the primary link with partner agencies including Local Authorities and the police.</p>
---	---

Document Title: <i>Safeguarding Allegations Procedure</i>	6 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

## **Managers**

Senior Managers in all areas will have overall responsibility for implementing this Procedure.

Line Managers are responsible for complying with the Procedure and should seek advice from Safeguarding or People's Services if they are not clear about what actions should be taken.

Managers are responsible for ensuring that their staff are properly supported throughout this process. A conversation should take place at the outset to determine what support the member of staff needs and to ensure that it is put into place. It is important to listen to the member of staff without judgement, being open and honest with them within the parameters of the information available for sharing. Managers should make sure that the employee is aware of the other support available to them, including the Employee Wellbeing Service and Occupational Health. This support should be provided alongside the processes set out in this procedure, not instead of them.

Managers should also ensure that if staff find themselves overstretched in their caring responsibilities outside of work they are made aware of support available to them (e.g. Employee Wellbeing Service, Flexible Working Procedure, 3<sup>rd</sup> sector organisations, GP, Neyber).

Managers should provide a written outcome to employees following being subject to a safeguarding process.

## **Employees**

We all have a duty to report concerns of suspected abuse or neglect of children and adults at risk.

All staff must take positive and decisive action when witnessing incidents, experiencing concerns or receiving information alleging abuse or inappropriate care of a child or adult at risk. They can share any concerns they may have with their line manager, the safeguarding team, the speaking up safely / working in confidence process via the Procedure for NHS Staff to Raise Concerns.

Employees have a responsibility to comply with their relevant professional Code or Code of Conduct which will include the standards of behaviour expected outside of work.

All staff must comply with their statutory and mandatory training requirements, including Safeguarding Adults, Safeguarding Children and VAWDASV

Document Title: <i>Safeguarding Allegations Procedure</i>	7 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

	<p>(Violence Against Women, Domestic Abuse and Sexual Violence) Group 1, 2 &amp; 3 training.</p> <p>All Employees must maintain confidentiality around any investigation or allegation at all times.</p> <p><b>People Services</b></p> <p>People Services will assist and support line managers with guidance from safeguarding in relation to the member of staff throughout the process. This can include completion of risk assessments, appropriate communication to the member of staff at various stages and ensure support is offered as outlined in Managers Responsibilities above. People Services will support and provide guidance to managers with any People Services process that may be required following a safeguarding process.</p> <p><b>Local Authorities</b></p> <p>Local Authorities have <u>overall</u> responsibility for Safeguarding Allegation/Concerns about practitioners and those in positions of trust, although this is devolved to the Head of Safeguarding when appropriate</p>
2	<b>PRINCIPLES</b>
2.1	<p>The UHB needs to be able to recognise and respond appropriately to allegations raised against an employee. Allegations could be identified in a number of ways, including (but not limited to) the following:</p> <ul style="list-style-type: none"> <li>• by the police</li> <li>• by Social Services</li> <li>• any serious incident and/or completed DATIX form that may identify a potential allegation</li> <li>• disclosure by a patient or carer (this may include historical abuse or neglect)</li> <li>• disclosure by another member of staff</li> <li>• by adults disclosing historical abuse which they experienced as a child</li> <li>• a professional or regulatory body</li> <li>• Freedom to speak up</li> <li>• Concerns Team</li> </ul> <p>All those making a complaint or allegation of abuse or neglect should be reassured that:</p> <ul style="list-style-type: none"> <li>• They will be taken seriously</li> </ul>

Document Title: <i>Safeguarding Allegations Procedure</i>	8 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

	<ul style="list-style-type: none"> <li>• They will be given support and afforded protection if necessary e.g. under the Raising Concerns Procedure for NHS Staff</li> <li>• They will be dealt with in a fair and equitable manner and will not be judged for raising a concern</li> <li>• Feedback will be given and they will be kept up to date as agreed by the Head of Safeguarding with the Local Authority and the Police.</li> </ul> <p>When determining whether a child or adult at risk’s welfare requires that information be disclosed to relevant agencies, their needs must:</p> <ul style="list-style-type: none"> <li>• come first</li> <li>• be considered separately from any criminal or disciplinary processes</li> <li>• require that investigations be managed in a way that minimises trauma to the child/adult at risk</li> </ul> <p>Partner agencies will work co-operatively in issues relating to the prevention, identification and investigation of the abuse or neglect of children and adults at risk. Information will be shared on a ‘need to know’ basis so that effective decisions can be made and appropriate action taken.</p> <p>Line management will be avoiding any employee harm for any staff involved in these processes. Staff will be supported by their line manager throughout when allegations are raise against them.</p>
3	<b>MANAGING ALLEGATIONS</b>
	<p>This Procedure should be used where there are safeguarding concerns or allegations – it is not for other disciplinary matters.</p> <p>During <b>normal working hours</b> allegations of abuse or neglect by a member of staff must be reported to the appropriate Line Manager who will discuss them with the Head of Safeguarding / Senior Nurse for Safeguarding and Clinical Board Director of Nurse (or equivalent). The Deputy Nurse Director will also be contacted.</p> <p>A decision will be made at this initial discussion as to who will inform Social Services or the Police. Advice and support on making the referral should be sought from the Head of Safeguarding / Senior Nurse for Safeguarding. If it is felt that the alleged abuse or neglect may be criminal, there must be no delay in reporting it to Police by calling 999 in an emergency situation or 101 for non-urgent situations, who will advise on securing medical notes and preserving the scene for evidence.</p> <p><b>Out of hours</b>, allegations of abuse or neglect by a member of staff must be reported immediately to the On Site Manager who may refer to the Senior</p>



Document Title: <i>Safeguarding Allegations Procedure</i>	9 of 23	Approval Date: 29 Jan 2025
Reference Number: 327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

	<p>Manager On Call (SMOC) for advice / support. The On Site and On Call Managers can be contacted via switchboard. If it is felt that the alleged abuse or neglect may be criminal, there must be no delay in reporting it to Police by calling 999 in an emergency situation or 101 for non-urgent situations, who will advise on securing medical notes and preserving the scene for evidence. Original notes must not be shared with police. If agreement is given for notes to be shared following completion of the police DPA form, photocopies only should be shared. Information must be shared with the Head of Safeguarding / Senior Nurse for Safeguarding at the earliest opportunity.</p> <p>The immediate priorities are the protection and safety of the child/adult at risk and managing staff issues. Any immediate risks must be considered and action taken to mitigate that risk where appropriate. However, under no circumstances should internal enquires into the allegation commence until advice has been received from the Head of Safeguarding / Senior Nurse for Safeguarding.</p> <p>All actions taken should be clearly recorded. It is essential that all records are written clearly, accurately, legibly and contemporaneously with all details recorded to provide as full a picture of the account as possible throughout this process. All records should be signed and dated if not written contemporaneously then the date they were written should be made clear, as well as the date of the contact.</p>
3.1	<p>When determining the appropriate action to be taken, consideration must be given to:</p> <ul style="list-style-type: none"> <li>• how the child/adult at risk's protection is to be ensured</li> <li>• whether there are other children/adults who might be at risk, if the allegation were founded</li> <li>• what support the child/adult at risk may require</li> <li>• the right of the member of staff who has had an allegation made against them to privacy and confidentiality</li> <li>• whether the Wales Safeguarding Procedures apply</li> <li>• whether a safeguarding protection plan is required</li> </ul> <p>If appropriate, managers should then complete a referral in line with the relevant Local Authority procedures. Advice on these procedures can be sought from the Safeguarding team (out of hours referrals should be made by telephoning the Emergency Duty Team. Telephone referrals must be followed up in writing on the next working day by completing a safeguarding referral form electronically and sending it to <a href="mailto:safeguarding.referrals@wales.nhs.uk">safeguarding.referrals@wales.nhs.uk</a>).</p> <p>A risk assessment must be completed as soon as possible after making the referral and a copy sent to the Head of Safeguarding / Senior Nurse for</p>

Document Title: <i>Safeguarding Allegations Procedure</i>	10 of 23	Approval Date: 29 Jan 2025
Reference Number: 327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

	Safeguarding. Copies of the risk assessment form are attached as <u>Appendix 2</u> .
3.2	<p>On being informed of the allegation of abuse or neglect, People Services staff will support the Clinical Board Director of Nursing (or equivalent) in determining if the member of staff can continue in work, should be moved temporarily to another role or if they should be suspended. The information contained in the risk assessment should be taken into consideration when making this decision.</p> <p>Decisions to suspend employees must be taken in line with the relevant Disciplinary Policy or Upholding Professional Standards in Wales (UPSW) for medical workforce.</p>
3.3	<p>A Strategy Meeting will be arranged in cases of alleged abuse or neglect to bring together all organisations involved in the care of the child or adult to discuss and review the concerns and decide any further safeguarding actions. This is a professional only meeting and the employee will not be invited to attend, however the employee should be informed of the meeting and updated of any outcomes from the meeting by an appropriate manager from their area.</p> <p>The immediate priorities of the Strategy Meeting are to ensure the protection and safety of the child or adult at risk, and to also discuss whether the allegation may have a bearing on the individual's employment.</p> <p><i>n.b the Health Board should not decide in isolation to progress the matter through the Disciplinary Policy - discussion must take place with the police and social services prior to commencement of internal disciplinary proceedings.</i></p>
3.4	<p>The Strategy meeting will be chaired by the lead from Social Services or the Head of Safeguarding / Senior Nurse for Safeguarding, For cases involving children it will usually be convened and chaired by the Local Authority.</p> <p>The Head / Senior Nurse for Safeguarding, the employees line manager, and a representative from People Services must attend. The Senior Nurse or lead nurse for the area will also usually attend.</p> <p>Other possible attendees such as the Health Lead Practitioner will be decided on a need to know basis, with advice from the Safeguarding team.</p> <p>The process followed and areas for consideration are described in the <u>Wales Safeguarding Procedures</u>.</p>
3.5	Following the Strategy Meeting, consideration should be given to reviewing the decisions made in section 2.4, including whether or not there are

Document Title: <i>Safeguarding Allegations Procedure</i>	11 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

	<p>disciplinary issues to be followed up and at what stage in the process this should take place.</p> <p>When determining this, a view should be taken on whether the employee should be moved from their area of work or suspended (or if suspension should continue) in order to safeguard any children or adults at risk.</p> <p>Any internal investigation or decision to suspend a member of staff/for them to remain on suspension should be taken in line with the relevant Disciplinary Policy. The risk assessment form attached as Appendix 2 must be reviewed to inform UHB action.</p> <p>If a criminal investigation results in no further action, an internal disciplinary investigation may still take place. Under these circumstances a request can be made to the police for permission to use the information gained from the criminal investigation in the disciplinary investigation. The police will consider any request on a case by case basis.</p>
3.6	<p>The UHB has a legal duty to inform the Disclosure and Barring Service (DBS) of any member of staff who is dismissed due to abuse or neglect of a child or adult at risk, or offers their resignation during the investigation process, through completion of the DBS Referral form.</p> <p>The decision to make a DBS referral, and who should complete the necessary paperwork, should be made at the Disciplinary Hearing and is therefore the responsibility of the Disciplinary Officer. A copy of the Disciplinary Outcome Form must be forwarded to Head of Safeguarding.</p> <p>Further information about the referral process is available on the DBS website at:  <a href="http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/">www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/</a></p> <p>Consideration should also be given to informing the relevant Professional body in line with the Professional Registration Procedure.</p>
4	<p><b>SHARING INFORMATION</b></p> <p>Staff have the right to be treated with openness and honesty. At the earliest opportunity, after consultation with the police and provided it does not prejudice the criminal investigation, the individual employee should be informed by their line manager verbally and in writing, that an allegation of abuse or neglect has been made. However, the allegation should not be discussed and direct questioning should be avoided if the police wish to interview the individual employee. If there is any doubt about what information to share, advice should be sought from the Chair of the Strategy Meeting or Safeguarding leads.</p>

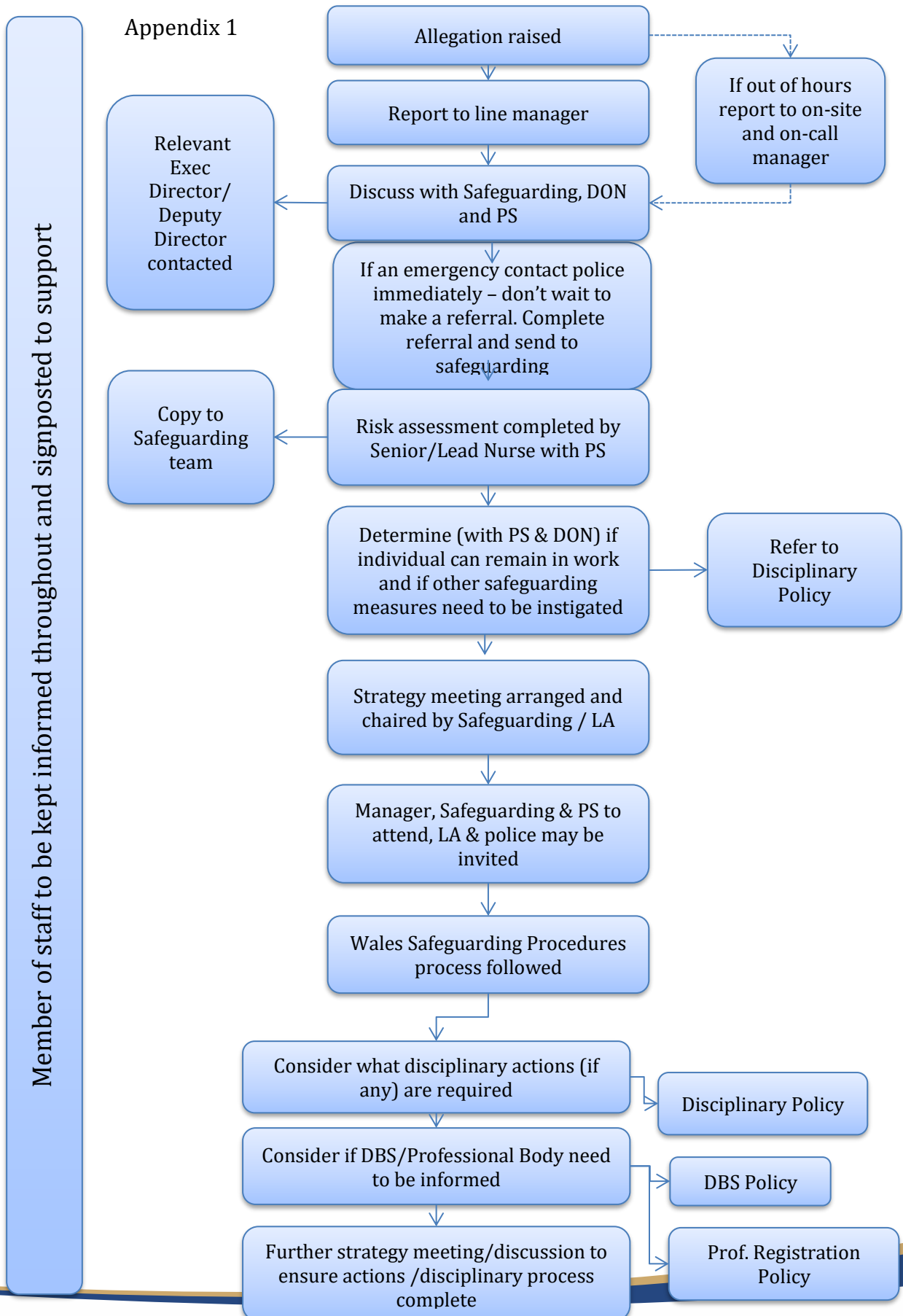
Document Title: <i>Safeguarding Allegations Procedure</i>	12 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

	<p>The issues discussed at a Strategy Meeting are confidential to the members of the meeting and the agencies they represent. Minutes of the meeting will be circulated on the strict understanding that they will be kept confidential and stored securely. If it is considered necessary to release the information, written agreement of the Chair must be obtained beforehand. In the case of adults at risk, advice should be sought from the Head of Safeguarding / Senior Nurse for Safeguarding.</p> <p>Parents or carers with parental responsibility will be told about concerns for the welfare of their children and be involved in the process. This will usually be communicated via the chair of the Strategy Meeting</p>
5	<p><b>SUPPORTING EMPLOYEES</b></p> <p>Being named as someone who may be involved in alleged abuse or neglect is difficult and distressing.</p> <p>Throughout the process, Cardiff and Vale UHB employees who have an allegation made against them need to:</p> <ul style="list-style-type: none"> <li>• understand the concerns expressed</li> <li>• know the procedures/processes being operated</li> <li>• know the timescale set for the process</li> <li>• be told what support is available to them</li> <li>• be clearly informed on the outcome of any investigation and the implications for disciplinary/capability processes</li> <li>• a Regional Safeguarding Board leaflet explaining the process is available for staff</li> <li>• line manager should explain the possible reputational damage to the UHB</li> </ul> <p>This is the responsibility of the lead nurse or equivalent senior manager (not the Head of Safeguarding, and not usually the direct line manager unless of a sufficiently senior level).</p> <p>However, when any safeguarding concern is raised our first responsibility is to make sure that there is no further risk of abuse or neglect. The employee concerned will usually be told that an allegation has been made against them and is being looked into. It may not be possible to provide more details at this stage.</p> <p>Line manager’s responsibilities for supporting their staff are outlined in section1 and they can play an important role throughout this process. In addition, employees are encouraged to contact their Trade Union and they can self-refer to the UHBs Employee Wellbeing Service and/or Occupational</p>

Document Title: <i>Safeguarding Allegations Procedure</i>	13 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

	Health. There is also guidance available the EWS webpages on <a href="#">self-care and self-help during a formal process</a> .
--	--

Document Title: <i>Safeguarding Allegations Procedure</i>	14 of 23	Approval Date: 29 Jan 2025
Reference Number: 327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025



Document Title: <i>Safeguarding Allegations Procedure</i>	15 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

## Appendix 2

## Safeguarding Children/ Adults at Risk:

### Guidance Notes on the completion of a Risk Assessment Form for Allegations Against an Employee

#### **N.B. To be completed as soon as an allegation is raised**

**RISK** is a combination of the likelihood and severity of a specified event (incident).

This form is used to undertake a detailed risk assessment when a member of staff is considered to be a potential risk to children or adults at risk.

All sections of this form should be completed by the employee's line manager, with support from the Safeguarding team and People Services. The objective of this form is to establish whether the individual poses a risk to children/adults at risk, and if so, to establish what appropriate, additional controls can be put in place to ensure that the risks are reduced to an acceptable level.

**The completed form must be kept in the employees' confidential file and a copy sent to the Safeguarding team.**

#### **NATURE OF ALLEGATIONS**

##### **TYPE OF ABUSE ALLEGED**

Select the type of abuse that is being alleged. If unsure please contact the Safeguarding Team for advice on 029 21832001/2/3

##### **SEVERITY OF THE ABUSE ALLEGED**

Select severity of abuse alleged as appropriate. If unsure please contact the Safeguarding Team for advice on 029 21832001/2/3

##### **HOW MANY TIMES HAS THE ABUSE OCCURRED?**

Select whether the abuse has occurred on one occasion or more than one occasion. This information will be shared at the Strategy Meeting.

##### **EXPLANATIONS GIVEN**

Select whether no explanation provided, or if explanation provided, whether the explanation is inconsistent or consistent. This information will be shared at the Strategy Meeting.

##### **PERSONS PRESENT AT TIME OF INCIDENT**

Select whether the employee was the sole carer at the time of the incident, or whether there were other people present. This information will be shared at the Strategy Meeting.

Document Title: <i>Safeguarding Allegations Procedure</i>	16 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

## LEGAL PROCEEDINGS

Select whether care proceedings or criminal proceedings are in place. This information will be shared at the Strategy Meeting.

## EMPLOYMENT ISSUES

### ROLE WITHIN UHB

Select whether administrative, academic, clinical or other. If other, please give details

### ACCESS TO CHILDREN

If employee has access to children or young people under the ages of 18 years, in any capacity whilst in his role in the UHB select yes. If employee only has access to people aged 18 years and above, then select no

### UNSUPERVISED ACCESS TO CHILDREN

If the employee does have access to children or young people under the age of 18 years, select how often this access is unsupervised/employee sole staff member present

### ACCESS TO ADULTS AT RISK

If the employee has access to adults at risk, select how often this access is unsupervised/employee sole staff member present

## Risk Assessment

### LIKELIHOOD (PLR)

Taking account of the controls in place and their adequacy, how likely is it the individual will harm a patient or visitor on a Cardiff and Vale UHB site? Score according to the following scale:

Score	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

### CONSEQUENCE (PCR)

Taking account of the controls in place and their adequacy, how severe would the consequence be of such an incident if it were to occur? Apply a score according to the following scale:

Level	Descriptor	Actual or potential impact on individual	Actual or potential impact on organisation
5	Catastrophic	Death or national adverse publicity	National adverse publicity, possible investigation
4	Major	Permanent physical/psychological injury	Service closure



Document Title: <i>Safeguarding Allegations Procedure</i>	17 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

			Local adverse publicity, possible investigation
3	Moderate	Semi-permanent injury/damage	Needs careful PR
2	Minor	Short term injury/damage	Risk to organisation
1	Insignificant	No injury or adverse outcome	No risk at all to the organisation

**RISK LEVEL ESTIMATOR/ RISK RATING (RR)**  
**LIKELIHOOD of Adverse Event Occurring X SEVERITY of Outcome = Risk Rating**

Likelihood (PLR) Severity (PSR)	Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Catastrophic 5	25	20	15	10	5
Major 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Minor 2	10	8	6	4	2
Insignificant 1	5	4	3	2	1

RR Score	RISK LEVEL	ACTION AND TIMESCALE
1 - 5	LOW	Provide support for the individual. Continue normal working activity with close monitoring
6 - 10	MODERATE	Provide support for the individual Consider redeployment to low risk area or work with continuous supervision whilst enquiries undertaken
11- 25	UNACCEPTABLE	Provide support for the individual Suspension pending further enquiries

Document Title: <i>Safeguarding Allegations Procedure</i>	18 of 23	Approval Date: 29 Jan 2025
Reference Number: 327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

## SAFEGUARDING CHILDREN / ADULTS AT RISK - RISK ASSESSMENT FORM

Name of Individual  Designation  Directorate/ Department

### Nature of Allegations

Type of abuse alleged: *(please tick)*

Neglect  Emotional Abuse  Sexual Abuse  Physical Injury  Domestic Abuse   
 Financial

Severity of abuse alleged: *(please tick)*

Mild  Moderate  Severe

Has the abuse occurred on: *(please tick)*

One occasion  More than one occasion

Explanations given: *(please tick)*

None  Inconsistent explanation  Consistent explanation

Persons present at time of incident: *(please tick)*

Individual - sole care  Individual and another – shared care

Legal Proceedings: *(please tick)*

None  Court Proceedings  Criminal Proceedings

### Employment Issues

Role within UHB: *(please tick)*

Administrative  Academic  Clinical  Other *(please state)*

Access to children/adults at risk: *(please tick)* Yes  No

Unsupervised Access to children/adults at risk: *(please tick)* Never  Occasional  Regular

Document Title: <i>Safeguarding Allegations Procedure</i>	19 of 23	Approval Date: 29 Jan 2025
Reference Number: 327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

### Initial Risk Rating

Given the information above, what level of risk does the employee pose to the organisation and its service users?  
(see page 2)

Probable Likelihood Rating (PLR)  x Potential Consequence Rating (PCR)  = Initial Risk Rating (IRR)

**Risk Level** (please delete): LOW / MODERATE / UNACCEPTABLE

### Safeguards to minimise risk

Safeguards needed to minimise/eliminate risk: (see page 2 for suggested actions)

Feasibility of implementing safeguards:

### Revised Risk Rating

With the above action implemented the risk rating figure would be reduced to:

Probable Likelihood Rating (PLR)  x Potential Consequence Rating (PSR)  = Revised Risk Rating (RRR)

**Revised Risk Level** (please delete): LOW / MODERATE / UNACCEPTABLE

### Recommendations

#### Joint Assessment made by:

Name	Signature	Position

Date of Assessment

Review Period

Dates of Review

Document Title: <i>Safeguarding Allegations Procedure</i>	20 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

<b>Further information on review:</b>	<b>Risk Rating</b>	<i>Date &amp; Sign</i>
---------------------------------------	--------------------	------------------------

<b>Further information on review (continued):</b>	<b>Risk Rating</b>	<i>Date &amp; Sign</i>
---	--------------------	------------------------

**The completed form must be kept in the employees’ confidential file and a copy sent to the Head of Safeguarding / Senior Nurse for Safeguarding**

Document Title: <i>Safeguarding Allegations Procedure</i>	21 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

## Appendix 3 – Standard Operating Procedure

### **This should be used with the Wales Safeguarding Procedures (2019) and UHB Safeguarding Allegations/ Concerns about Practitioners and Those in Positions of Trust Procedure**

#### **Safeguarding Allegations Process for Clinical Boards, including allegations made against members of staff through an “adult at risk report” AS1/ Once for Wales referral form)**

**Local Authority will lead for cases involving staff ( there is a single point of contact in Local Authorities for children and adults ).**

- A Professional Strategy Meeting may be actioned for a member of staff due to a situation that has arisen at work or in their private lives The UHB Safeguarding Team are usually notified by police or LA of a concern. The LA Designated Safeguarding Officer will take the lead with the safeguarding process
- Clinical Board Director of Nursing (DON) or Director of QSE in CD&T CB, Lead Nurse and /or Line Manager will be notified by Head of Safeguarding or Senior Nurse Safeguarding that a concern has been raised in relation to a member of staff. Information may be from Police, MASH or UHB Concern Team. Alternatively the member of staff may notify Line Manager directly. If this is the case Line Manager to notify Safeguarding immediately
- Safeguarding will request confirmation that member of staff works within the CB and require Date of Birth, Address and Status
- Once concern is shared a Risk Assessment (RA) will be required. The Line Manager is best placed to complete this with advice from their People Services representative
- Completed RA to be shared with DON and Head of Safeguarding/ Senior Nurse
- Consideration to be given to the current role of the employee and whether continuing in this role, given the concern raised, places the patient or others at risk of harm/ member of staff at risk of further allegations/ is in the public interest to remain in this role when fact finding is undertaken or the situation poses a risk to the UHB. People Services representative will advise.
- The member of staff must be notified by the line manager that a concern has been raised and that a RA will be completed

Document Title: <i>Safeguarding Allegations Procedure</i>	22 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

- Advice on managing & support available for the member of staff can be provided by People Services.
- A Multi-Agency Professional Discussion will be held with the statutory agencies in the first instance by the Head of Safeguarding/ Senior Nurse for Safeguarding. This may lead to arranging a Professional Strategy Meeting to be led by the LA as soon as possible
- A Police investigation will generally put the meeting on hold however this will be negotiated by LA and Safeguarding with police
- DON/ HR/ Line Manager will be invited to the multi-agency meeting which will include police and Local Authority
- A multi-agency outcome will be made at the meeting with a plan in place to include signposting for the member of staff to emotional well-being services
- Minutes of the meeting will be provided by the LA
- The member of staff must be notified of the outcome. Notifying the member of staff must be discussed with all partner agencies to consider who is best placed to be the contact and update them
- The completed safeguarding process may lead to disciplinary investigation Any police statements required as part of the Safeguarding Allegation process or as part of a disciplinary investigation will be arranged through the Safeguarding Team

**Safeguarding Allegation Process for Clinical Boards, including allegations made against members of staff through an “adult at risk report” (AS1/ Once for Wales referral form)**

- The process as above will apply to a staff member however running in parallel to the process will be the safeguarding an adult at risk process The Head of Safeguarding/ Senior Nurse for Safeguarding will lead on the overall process on behalf of the UHB and Clinical Boards. However Health Lead Practitioners will need to assist by completing staff fact finding in the initial stages
- Conclusion of the police process will lead to an adult at risk strategy meeting if involving a patient. The professional issue may be discussed at this meeting with professionals however any patient/ family member or advocate should not be party to personal information relating to a member of staff. This will need to be managed by discussing the staff issue at the beginning of the meeting before patient/ family member or advocate arrives or at the end of the meeting when they leave. Alternatively the Multi-agency meeting outcome could be shared with the patient/ family/ advocate in an adult protection conference. Minutes for all meetings must be completed and

Document Title: <i>Safeguarding Allegations Procedure</i>	23 of 23	Approval Date: 29 Jan 2025
Reference Number:327		Next Review Date: 29 Jan 2028
Version Number: 3		Date of Publication: 06/03/2025

shared with all professionals and patient/ family members/ advocate as appropriate. This will require consideration around redacting information identifying the member of staff

- The completed safeguarding process may lead to a disciplinary investigation
- The member of staff must be notified of the outcome
- Minutes of the meeting will be provided by Safeguarding
- A Regional Safeguarding Board leaflet will be provided to professionals or the employee in a position of trust to give an outline of the Professional Allegation process (available from April 2020)

**All Police statements involving staff should be arranged through Safeguarding to ensure appropriate support is available in a neutral environment away from the clinical area**