

## QS 08

# POLICY FOR THE MANAGEMENT OF SAFEGUARDING ALLEGATIONS /CONCERNS ABOUT PRACTITIONERS AND THOSE IN A POSITION OF TRUST

<b>Executive Sponsor &amp; Function</b>	Executive Director of Nursing, Allied Health Professions and Health Sciences
<b>Document Author:</b>	Head of Safeguarding and Vulnerable Groups
<b>Approved by:</b>	Quality, Safety and Performance Committee
<b>Approval Date:</b>	16 <sup>th</sup> May 2023
<b>Date of Equality Impact Assessment:</b>	2 <sup>nd</sup> February 2020
<b>Equality Impact Assessment Outcome:</b>	This policy has been screened for relevance to equality. No potential negative impact has been identified.
<b>Documents to read alongside this policy:</b>	There is a link to all of the appropriate forms and additional reading material within the appendices to the policy.
<b>Review Date:</b>	May 2026
<b>Version</b>	3

## Contents

Policy Statement	Page 3
Scope of Policy	Page 3
Aims and Objectives	Page 3-4
Responsibilities	Page 4
Definitions	Page 5
Implementation/Policy Compliance <ul style="list-style-type: none"> <li>• Allegations of abuse of a child</li> <li>• Allegations of abuse of an adult</li> <li>• Sharing information - Page 11</li> <li>• Referral to DBS and professional bodies – Page 11</li> </ul>	Page 5-11
Equality Impact Assessment Statement	Page 12
References	Page 12
Getting Help	Page 13
Related Policies	Page 13
Information, Instruction and Training	Page 14
Main Relevant legislation	Page 14
Appendix 1: Flowchart	Page 15
Appendix 2: Guidance notes on completion of Risk Assessment Form for Allegations against an employee	Page 16-17
Appendix 3: Protection of Vulnerable Adults Professional Strategy Meeting Minutes Template	Page 18 - 21

## 1. **Policy Statement**

As an employer and provider of services, Velindre University NHS Trust has a duty to protect individuals in our care from abuse. This policy relates to the management of allegations of abuse made against an employee of the Trust and will enable the organisation to ensure that all instances of concerns or alleged abuse or neglect of children and adults are risk assessed, to ensure patient / donor safety.

Where a concern or abuse is alleged to have occurred in the employee's private capacity (i.e. outside of their Trust employment) careful consideration will need to be given to whether the employee presents any risk to patient's / donors within their working environment in the Trust, and if they may be in breach of their professional code of practice (regulated employees).

## 2. **Scope of Policy**

This Policy applies to all Velindre University NHS Trust employees, bank, locum and agency, students, contractors, honorary contracts holders, volunteers, trainees and Trust staff undertaking duties overseas as part of a Trust supported health link staff, regardless of role or whether or not their employment brings them into direct contact with vulnerable adults or children.

This Policy applies in all cases of alleged abuse of a child or adult by an employee of the Trust regardless of whether the abuse is alleged to have taken place in work or in their private lives. In every incident of alleged abuse of a child or adult staff must comply with the Wales Safeguarding Procedures.

[http://www.myguideapps.com/projects/wales\\_safeguarding\\_procedures/default/](http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/)

## 3. **Aims and Objectives**

This policy has been developed to ensure that employees of Velindre University NHS Trust are aware of their responsibilities and the processes for identifying and reporting professional abuse of children and adults at risk either within the workplace or in the employee's home / external environment. The policy has been developed to ensure a robust and consistent approach in responding to allegations of actual or potential abuse.

- To ensure that all incidents of abuse and neglect of a child or adult at risk are dealt with within the appropriate framework.
- To safeguard children and adults at risk from abuse and avoidable neglect by Trust employees.
- To ensure an equitable, fair and consistent response when concerns are raised.
- To support employees who have made a referral or who have had a referral made against them; and
- To raise awareness of all Trust employees of the possibility of abuse of children and adults at risk, by professionals and other healthcare workers.

#### **4. Responsibilities**

Velindre University NHS Trust 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.

The Trust has a responsibility to notify the police when concerns are raised, if it is in the public interest, even if the individual concerned does not wish the police to be involved.

- **Executive Director of Nursing, Allied Health Professionals and Health Science**

The Executive Director of Nursing, Allied Health Professionals and Health Science has delegated responsibility for ensuring the safeguarding of children in accordance with Section 28 of the Children Act (2004) and for safeguarding under the Social Service and Wellbeing (Wales) Act (2014).

- **Employee Responsibilities**

In line with the Social Services and Wellbeing (Wales) Act (2014), all staff have a duty to report all incidents of alleged abuse of children and adults at risk.

All employees 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. Employees can obtain advice and support about concerns they may have with their line manager, the Trust Safeguarding Lead or via the processes set out in NHS Wales Trust Procedure for NHS Staff to Raise Concerns.

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

All employees must comply with their statutory and mandatory training requirements, including Safeguarding Adults and Safeguarding Children training.

- **Managers**

Line managers are responsible for complying with this Policy and, in all circumstances should notify the Trust Senior Nurse for Safeguarding & Public Protection or the Deputy Director of Nursing, Quality & Patient Experience in order to gain the required support / advice / multi agency involvement.

In some cases, the line manager may feel it appropriate to make a referral to the Occupational Health Service to provide appropriate support for any employee concerned or involved in the process. This must be done with their consent. A management or self-referral to the Occupational Health Service / Employee Assistance Programme should be in addition to and not instead of the processes set out in this Policy.

Managers should ensure that employees who find themselves overstretched in their caring responsibilities outside of work are made aware of support available to them (e.g. Occupational Health Service, Employee Assistance Programme, Flexible Working Policy, third sector organisations).

- **Trust Senior Nurse Safeguarding & Public Protection**

The Trust Senior Nurse for Safeguarding and Public Protection must provide support, oversight and direction to line managers when managing situations in line with this policy and ensure that the Executive Director of Nursing, Allied Health Professionals & Healthcare Scientists is notified and kept updated.

## **5. Definitions**

- 5.1 Abuse:** This describes physical, sexual, psychological, emotional or financial abuse (and includes abuse taking place in any setting, whether in a private dwelling, institution or any other place).  
(*Wales Safeguarding Producers 2019*)
- 5.2** A child is defined as “any person under the age of 18” (*UN Convention on the Rights of the Child 1989*).
- 5.3** Section 130 (4) defines a “child at risk” as a child who;
  - (a) Is experiencing or is at risk of abuse or neglect; and
  - (b) Has needs for care and support (whether or not the authority is meeting any of those needs)
- 5.4** Section 126(1) defines an adult at risk;  
An “adult at risk”, for the purposes of this Part, is an adult who:
  - (a) Is experiencing or is at risk of abuse or neglect;
  - (b) Has needs for care and support (whether or not the authority is meeting any of those needs); and
  - (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect of the risk of it.

## **6. Implementation / Policy Compliance**

- 6.1** The Trust 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:

- by the Police;
- by Social Services;
- from an adverse incident and/or completed DATIX report that may identify a potential allegation;
- a concern made by a patient / donor or carer;
- a concern made by another employee;
- by adults disclosing historical abuse which they experienced as a child; or
- a professional or regulatory body.
- an individual involved in a Trust supported international health partnership link.

## **6.2 During weekday working hours**

Allegations of abuse by an employee must be reported without delay to the appropriate line manager who will take any remedial action and have an initial discussion with the Trust Senior Nurse, Safeguarding & Public Protection / Deputy Director of Nursing, Quality & Patient Experience.

A decision will be made at this initial discussion to confirm if this policy needs to be evoked and, who will inform Local Authority or the Police.

### **Out of hours**

Allegations of abuse by an employee must be reported immediately to the On-Site Manager who may refer the matter to the On-Call Manager for advice / support. The on Site and On Call Managers can be contacted via switchboard.

The immediate priority is the protection and safety of a child or adult at risk and managing any associated 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 be commenced until advice has been received from the on-call Managers.

If it is felt that the alleged abuse may be criminal, there must be no delay in reporting the matter to the Police, who will advise on preserving the scene for evidence.

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.

**6.3** On being informed of the allegation of abuse, the Trust Risk Assessment form attached as **Appendix 2** must be completed to inform Trust action. The Workforce and OD Department will provide advice and support to the relevant line manager in determining if the employee can continue in work, should be moved temporarily to another role or if they should be suspended. Any decision taken to suspend an employee must be taken in line with the relevant Disciplinary Policy.

**6.4** When determining the appropriate action to be taken, consideration must be given to:

- how the person's protection is to be ensured.
- whether there are other children or adults who might be at risk.
- what support the employee may require;
- the right of the employee who has had an allegation made against them in respect of their privacy and confidentiality.

In addition, Trust employees who have an allegation made against them need to:

- understand the concerns expressed;
- know the procedures/processes being operated;
- know the timescale set for the process;
- be told what support is available to them;
- be clearly informed on the outcome of any investigation and the implications for disciplinary/capability processes;

Procedures need to be applied with common sense and judgement, and full decision-making documentation.

## **6.5 The Professional Strategy Discussion**

The professional strategy meeting will be convened when safeguarding allegations have been raised about a practitioner/person in positions of trust. A Professional Strategy discussion will take place with the Police; any other appropriate partners and employers. The focus of the Strategy discussion is as follows:

- Whether the matter meets the threshold for progressing to a formal Professional Strategy meeting
- Identification of any activities or caring responsibilities for children or adults that the subject of the allegation is involved in outside of their paid employment
- Consideration of interim safeguards whilst further enquiries are made
- Decision about what information can be shared with the subject of the allegation, the child or adult at risk and their parent/carer
- Decision about employer involvement with the process

- Review adequacy of safeguards in place
- Agree any actions to be taken or any further information needed prior to the Professional Strategy meeting
- Decide whether immediate briefings to senior managers are required

## **6.6 Professional Strategy Meeting**

The professional strategy meeting will be convened by the Local Authority Designated Officer for Safeguarding when safeguarding allegations/concerns have been raised about a practitioner/person in positions of trust. This can either be in a personal or professional capacity, where the individual has wider contact with children or with adults at risk.

The main functions of the strategy meeting are to:

- Ensure the proper co-ordination of child, adult protection, criminal and employment procedures
- Share all relevant information about the allegation/concern in question
- Consider what action may be required to protect the child or adult at risk in question
- Consider the likelihood of harm to other children or adults at risk with whom the person has contact at work or other activities, and agree any actions that are required
- Consider and evaluate the risk of harm to the subject's own children or adults they may have caring responsibilities for, and agree any actions that are required
- Discuss any previous allegations or other concerns.
- Plan any enquiries needed and allocate tasks and set timescales
- Decide who is to be interviewed and lead agency
- Identify a lead contact manager within each agency
- Decide what information can be shared with whom, when and who will do this
- Agree timescales for actions and/or dates for further meetings
- Consider the employees suitability to continue working with children or adults at risk in his or her current position has been called into question
- Consider whether there are disciplinary issues to be followed up
- Agree at what stage in the process the disciplinary issues should be followed up
- Consider any other factors that may affect the management of the case e.g. consideration of the need for a media strategy where there is likely to be press interest.
- Confirm arrangements regarding who will communicate with the person about whom there are concerns and ensure appropriate support is provided • Ensure that the appropriate referrals are made to the Disclosure and Barring Service and registering bodies of the professional involved (this can be completed at any point throughout the process)



- The employer/voluntary organisation or registering body may need to consider suspending the employee without prejudice.

The immediate priorities of the Professional Strategy Meeting are to ensure the protection and safety of the child/children or adult's at risk, and to also discuss whether the allegation may have a bearing on the individual's employment. The Trust should not decide in isolation to progress the matter through the relevant Disciplinary Policy. Discussion must take place with the police and social services prior to commencement of proceedings.

## **6.7 Who will be invited to the Professional Strategy Meeting?**

The Professional Strategy Meeting will be chaired by the Local Authority Designated Officer for Safeguarding for children or adults, who will also identify who will attend.

**Where the allegations involve concerns or alleged abuse of a child or adult at risk by a Trust employee** the employee's line manager, a senior Workforce and OD representative and the Safeguarding Lead, as a minimum must be in attendance at the Professional Strategy Meetings.

## **6.8 Informing the individual**

The person who is the subject of the allegation should generally be informed that they are subject of an allegation at the earliest opportunity. This should be done by the line manager. However, specific details of the allegation cannot be provided until the timings for doing so have been agreed with Children's or Adults Services/Police. This will be considered during the interim safeguarding arrangements discussed and agreed by the Police and the Designated Officer for Safeguarding. In determining when to inform the individual, consideration should be given to any potential risks to the child or adult involved in the allegations, or to any other children or adults connected to the individual's home, work or community life.

When informing the individual careful consideration should be given to the following:

- The person subject to the allegation should be given appropriate support by their employer or nominated individual;
- The person who is the subject of the allegation should be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
- Information about the adult, child or family should not be shared with the individual against whom the allegation was made or anyone representing them;
- Consideration should also be given to the potential for the individual to impede any investigation, remove or interfere with evidence or to intimidate or coerce potential witnesses;

- If suspended, the individual will be kept up to date about events in the workplace by a named contact;
- As soon as possible after an allegation has been received, the accused member of staff should be advised to contact their Trade Union or professional association;
- Workforce &OD should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health, employee welfare arrangements, or individual agency's own safeguarding arrangements.

## **6.9 Informing parents / carers, children, adults at risk or their representatives**

- The general principle is that the parents or carers of the adult or children involved and the adult or children where appropriate, should be informed about the allegation as soon as possible but only following discussion with the Designated Officer for Safeguarding responsible for safeguarding allegations/concerns against practitioners and those in positions of trust.
- Parents/carers of the adult or children involved and the adult or children where appropriate, must be informed of the outcome of the strategy discussion/meeting and should, when necessary, be helped to understand the decisions reached. It will be agreed in the Strategy Discussion or Strategy meeting who will undertake this.
- Examples where it may not be appropriate to inform parents, carers, adults or children or their representative immediately could include where the allegation made is against a family member, or if the Police investigation could be hampered by informing the parent/carer, child, adult at risk or their representative. In these cases the timings for the parents or carers being told must be confirmed with the relevant social services and Police.

## **6.10 Concluding the process**

An Outcome Professional Strategy Meeting should be held to decide, whether on the balance of probabilities the concerns are substantiated. If the concerns are not deemed to be substantiated, then the outcome should be recorded as unsubstantiated, unfounded or deliberately invented or malicious. The following definitions will guide strategy meetings in determining which outcome applies; Allegations will have outcomes within the following four categories:

**Substantiated** – a substantiated allegation is one which is established by evidence or proof.

**Unsubstantiated** – an unsubstantiated allegation is not the same as an allegation that is later proved to be false. It simply means that there is

insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

**Unfounded** – this indicates that the person making the allegation misinterpreted the incident or was mistaken about what they witness. Alternatively, they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation.

**Deliberately invented or malicious** – this means there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

The outcomes discussion would normally precede any decision by the employer to invoke disciplinary procedures. Where the concerns are substantiated, employing or volunteer agencies should consult if not already done so with the Disclosure and Barring Service and other relevant professional bodies about the requirement for a referral. (Further information and guidance from the DBS can be obtained from their website at [www.homeoffice.gov.uk/dbs](http://www.homeoffice.gov.uk/dbs)).

If the Professional Strategy Meeting concludes there is to be no further action from a multi-agency perspective then the appropriate Trust manager will need to determine whether there are disciplinary issues in relation to the member of staff concerned that need to be addressed in accordance with the relevant Disciplinary Policy. Consideration also needs to be given as to whether the Professional Registered Body of the member of staff needs to be informed.

Where a criminal investigation results in no further action but it is determined that a disciplinary investigation is to take place subsequently, 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.

## **6.11 Cross boundary issues**

This is an area of work that is best supported by sound inter-authority working. Where child or adult protection enquiries have been made in one area, but the alleged perpetrator lives or works within other areas, there will be need for information to be shared between the two areas. The Delegated Officer for Safeguarding must ensure that they share all information with their counterpart in the other Local authority. Due regard is to be had to the relevant data protection principles which allow sharing of personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). It is usually the responsibility of the Local authority where the alleged abuse took place /concern arose to hold the Professional Strategy Meeting. After discussion

between the Designated Officers for Safeguarding it will be decided and recorded which authority will be responsible for convening the Professional Strategy Meeting and the reasons why.

## **7. Confidentiality and Record of the Professional Strategy Meeting**

In view of the potential sensitivity of the information and the lessons of the Bichard Inquiry (2004), ([www.police.homeoffice.gov.uk/publications/bichard-inquiryreport](http://www.police.homeoffice.gov.uk/publications/bichard-inquiryreport)) care should be taken in recording the concern and the outcome of the process.

A record of the meeting will be made and retained by the local authority in accordance with their record, retention and disposal policy. Attendees representing the employer should receive a copy of the summary and recommendations of the meeting with the child's or adult at risk's name removed. All other attendees will receive a copy of the summary and recommendations.

The Designated Officer for Safeguarding will consider any request for a full record of the meeting and ensure that in the event of disclosure, an appropriately redacted version of the record is disclosed.

Where the person makes a data subject access request for the record of the Professional Strategy Meeting, this will be considered, and the nominated Designated Officer for Safeguarding will ensure redaction the document prior to disclosure. Other meeting attendees will be made aware of the request and can be sent a copy of the redacted document where requested

## **8. Referral to Disclosure and Barring Service (DBS) and Professional Bodies**

The Trust, like all employers have a legal duty to refer information to the DBS if an employee has harmed or poses a risk of harm to vulnerable groups and where they have dismissed them or are considering dismissal. Employers also have a duty to refer where an individual has resigned before a formal decision to dismiss them has been made. **Failure to refer such matters to the DBS is a criminal offence.**

Please refer to the Disclosure and Barring Checks on Trust Post Guidance

Further information about the referral process is also available on the DBS website at [www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbsreferrals/](http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbsreferrals/)

The Trust may also have a duty to report an employee to other relevant Professional Bodies such as the General Medical Council, Nursing Midwifery Council and the Health and Care Professions Council.

## **9. Equality Impact Assessment Statement**

The Trust is committed to ensuring that as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individuals or groups.

The Trust has undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. The Trust wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

The assessment found that any impact from the policy would have a positive effect to the equality groups mentioned.

Where appropriate the Trust will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation

## **10. References**

- Adapted from ABMU Policy for the Management of Allegations of Abuse of Children or Adults by Professionals and Members of Staff (2016);
- Children's Act (2004);
- General Data Protection Regulations (2018);
- Social Service and Wellbeing (Wales) Act (2014);
- Wales Safeguarding Procedures (2019)

## **11. Getting Help**

Contact the Safeguarding Lead for Velindre University NHS Trust: Senior Nurse Safeguarding and Public Protection.

## **12. Related Policies**

- Data Protection and Confidentiality Policy (2017)
- Disciplinary Policy (2017)
- Disclosure and Barring Checks on Trust Post Guidance
- NHS Wales Procedure for NHS Staff to Raise Concerns
- Wales Safeguarding Procedures (2019)
- Violence, Domestic Abuse and Sexual Violence Workplace Policy and Procedure (2018)
- Safeguarding and Public Protection Policy (2019)
- Records Management Policy (2018)
- Serious Crime Act (2015)
- Duty of Candour (2023)

### **13. Information, Instruction and Training**

#### **13.1 Training**

Employee awareness of safeguarding issues and responsibilities will be undertaken through both safeguarding children and adults at risk mandatory training. All Trust staff who have direct contact with patients are required to complete Level 2 Safeguarding Adults and Children training. Certain groups of staff will require extra training in accordance with the NHS Safeguarding Training Framework. It is the responsibility of the line manager to ensure that employees are made aware of these requirements.

#### **13.2 Audit**

This policy may be subject to audit and will be assessed in line with normal audit planning processes. The outcomes of any audits undertaken will be reported to the Safeguarding & Public Protection Management Group.

### **14. Main Relevant Legislation**

General Data Protection Regulations (2018)

Children's Act (2004)

Safeguarding Vulnerable Groups Act (2006)

Social Service and Wellbeing (Wales) Act (2014)

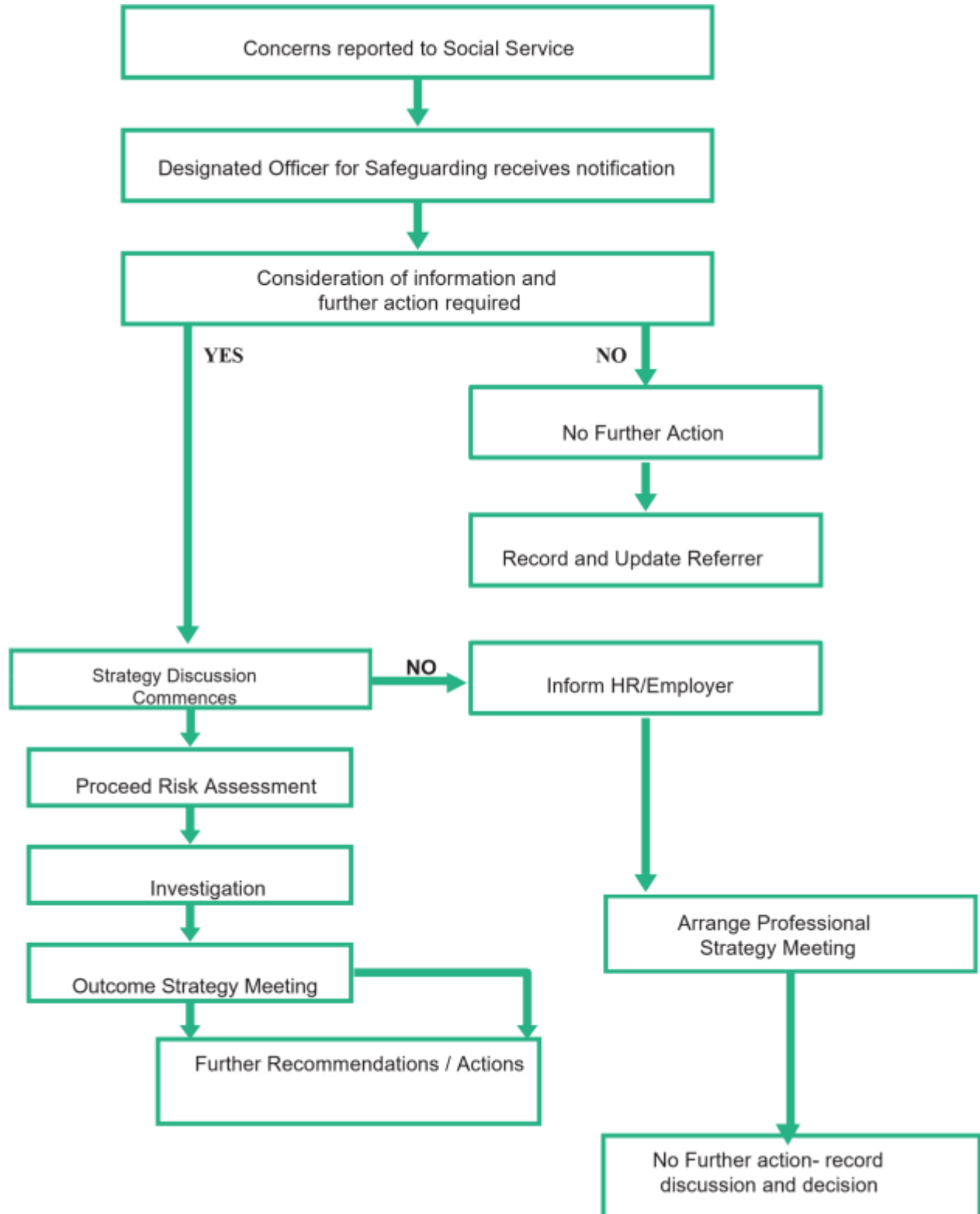
Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015)

Serious Crime Act (2015)



## Appendix 1

### Flowchart: Referrals about people whose work brings them into contact with children or adults at risk



## **Safeguarding Children and Adults**

### **Guidance Notes on the Completion of a Risk Assessment Form following Allegations Against an Employee**

**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 potential risks have been identified at a Professional Strategy Meeting and Wales Safeguarding Procedures 2019 and/or when a member of staff is considered to be a risk.

All sections of this form should be completed by the employee's line manager, with support from the appropriate Safeguarding Lead and Workforce and OD as part of the Professional Strategy Meeting proceedings. 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.

#### **NATURE OF ALLEGATIONS**

**TYPE OF ABUSE ALLEGED** Select the type of abuse that is being alleged.

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

Select severity of abuse alleged as appropriate. If unsure, please contact the Safeguarding Lead

#### **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 Professional 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 Professional 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 Professional Strategy Meeting.



## **LEGAL PROCEEDINGS**

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

## **EMPLOYMENT ISSUES**

**ROLE WITHIN TRUST** 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 Trust 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 MATRIX**

### **1. PROBABLE LIKELIHOOD RATING (PLR)**

Taking account of the controls in place and their adequacy, how likely is it the individual will harm a patient or visitor during the course of their work for the Trust? 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

### **2. PROBABLE CONSEQUENCE RATING (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 Local adverse publicity, possible investigation
3	Moderate	Semi-permanent injury or harm	Needs careful PR
2	Minor	Short term injury or harm	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 (PCR)	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

## **SAFEGUARDING CHILDREN / ADULTS – EMPLOYEE RISK ASSESSMENT FORM**

Name of Individual  Designation  Unit/Department

### **Nature of Allegations**

Type of abuse alleged: (please tick)

☐☐

Neglect ☐

Emotional Abuse ☐

Sexual Abuse ☐

Physical Injury

Domestic Abuse

Financial ☐

Severity of alleged abuse (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 ☐

Care Proceedings ☐

Criminal Proceedings

### **Employment Issues**

Role within Trust: (please tick)

☐

Administrative ☐

Academic ☐

Clinical

Other (please state)

Access to children/adults at risk: (please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Unsupervised Access to children/adults at risk: (please tick)		Never	<input type="checkbox"/>	Occasional	<input type="checkbox"/>	Regular	<input type="checkbox"/>

### 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)	<input style="width: 100%;" type="text"/>	X	Potential Consequence Rating (PCR)	<input style="width: 100%;" type="text"/>	=	Initial Risk Rating (IRR)	<input style="width: 100%;" type="text"/>
-------------------------------------	---	---	---------------------------------------	---	---	------------------------------	---

**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:				=	Revised Risk Rating (RRR)	<input style="width: 100%;" type="text"/>
Probable Likelihood Rating (PLR)	<input style="width: 100%;" type="text"/>	X	Potential Consequence Rating (PSR)	<input style="width: 100%;" type="text"/>		

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

### Recommendations

**Joint Assessment made by:**

Name	Signature	Position

Date of Assessment		Review Period		Dates of Review			
--------------------	--	---------------	--	-----------------	--	--	--

**Further information on review:**

Risk Rating	<i>Date &amp; Signature</i>