



# SAFEGUARDING AND STAFF

Policy and Procedure

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## i) Introduction

Every organisation and practitioner who comes in contact with a child or vulnerable adult has a responsibility to help keep them safe to enable them to live a life free from harm, abuse or neglect.

The company (Smart Clinic at APL Health) recognises the right of every individual to stay safe and we expect all staff to make a positive contribution to a strong and safe community.

## ii) Purpose

This document provides an overview of our management responsibilities under safeguarding law.

The document must be read alongside the safeguarding and risk management protocol.

The document replaces the safeguarding policy 2017/2018.

## iii) Background

While safeguarding is most commonly used regarding children and young people, it can in fact apply to anyone, and is designed to cater to all ethnicities, genders and religions.

Aside from minors, the next largest group of people that require the most consideration, are vulnerable adults. Examples of vulnerable adults include the elderly, those with mental health issues, learning disabilities, or physical disabilities.

Our company provides services to an adult work led environment and as such, we are rarely in contact with children during our work. We recognise however; that we may encounter children from time to time as part of a school visit, or if accompanied to an occupational health appointment and or, as course of a conversation where a child is alluded to during a clinical assessment.

Additionally, we may offer advice about young people in the workplace (e.g. aged 16 to 17 years) who would be covered by child protection legislation, and we may encounter vulnerable adults in the workplace.

In the management and discharge of its functions and in implementing this policy and procedure, the company will remain mindful of its duty of care and other legal obligations; such as it owes to the Health and Safety at Work Act (HSWA) 1974, the Data Protection Act 2018, the Safeguarding Vulnerable Groups Act 2006, Equality Act 2010 and the Protection of Freedoms Act 2012.

## iv) Safe recruitment

We will obtain at least two professional references from an applicant's recent place(s) of work, and we will contact the referees directly rather than relying on written statements supplied by the job

applicant. The successful applicant will not be able to start work with us until we have verified their references.

We will ask to see proof of identity and address as part of the background check before employment. Proof of identity should be photographic, for example a passport, photo driving license. Proof of address might include a recent bank statement, utility bill or council tax bill.

Disclosure and disbaring service checks (DBS) are mandatory prior to a commencement of employment with us and a DBS check will be repeated thereafter for all staff every two years.

#### v) Induction and training

All new employees will have a thorough induction into their work area with training and supervision, and access to professional development, training and guidance appropriate to their role.

Sub-contractors will be provided with appropriate training and guidance appropriate to their role and any work carried out will be subject to continuous audit.

All staff will be made aware of this policy, procedures and related guidance documents.

#### vi) Professional indemnity arrangements

We have an appropriate professional arrangement with Hiscox Insurance Company Limited for all employees working on behalf of the company (Smart Clinic at APL Health).

Please note, this indemnity cover does not extend to employees working outside of their work environment e.g. in own practice, or as the act of a good Samaritan in a medical emergency, and health professionals must seek their own additional indemnity arrangements as necessary.

Sub-contractors should indemnify the company (Smart Clinic at APL Health) against any liabilities which may incur, and proof of indemnity must be provided and kept with our records.

We are required to notify Hiscox of any shortcoming in work, which is likely to lead to a claim made against us and this would include any criticism of our work, even if it is regarded by us as unjustifiable.

All safeguarding concerns must be reported to a member of the senior management team.

#### vii) Regulatory and professional practice

All our practitioners which include nurses, doctors and counsellors work within a professional framework, with a duty of candour, which means we must be open and honest with people in our care when things go wrong.

Our professional duty of care and responsibilities extend to all our staff, regardless of qualification.

Please refer to the safeguarding and risk management protocol for further guidance.

#### viii) Performance and appraisals

Employees receive regular performance appraisals (at least annually) during which any training needs are identified, and a continuous quality improvement process is in place to help improve our services.

#### ix) Reporting a safeguarding concern

Any necessary safeguarding measures must be evidenced, concluded and discussed with a member of the senior management team before disclosure, unless there is immediate danger to a child or vulnerable adult, where it is necessary to dial 999 and ask for the police.

#### x) Managing safeguarding allegations against a member of staff

Any allegation made against a member of staff will be initially discussed with a member of the senior management team, in order to make a speedy risk assessment and agree actions.

It is essential that every effort is made to maintain confidentiality and manage communications while an allegation is being investigated. The staff member may be suspended during investigation and the line manager will keep in contact with the staff member whilst the case is ongoing to keep them regularly informed.

Allegations made against a sub-contractor will be managed in line with the agreed terms and conditions of their employment, and any reported concerns will be raised with the appropriate manager for further investigation.

The allegation will be dismissed if no case exists and no further action is needed.

#### xi) Dealing with matters where a member of staff is considered to pose a safeguarding risk

We will deal with the matters by assessing the potential risks in the following way.

A risk assessment will be carried out which seeks to identify any risks posed and to consider the appropriate way to manage such risks. Where appropriate, information and concerns will be shared with the member of staff (who is thought to pose a risk).

The member of staff will be given the opportunity to (in person or in writing) respond to that information and concerns. The member of staff will have the ability to respond to any issue raised and has the right to be accompanied to a meeting by a colleague or union representative.

The outcome of the risk assessment process may be as follows (this is not an exhaustive list):

- no action to be taken;
- suspension to allow further investigation to take place;
- notification that conditions must be met to allow the member of staff to continue working;
- make a referral to an external agency e.g. the police or social services;
- make a referral to health and social care regulator e.g. HCPC, GMC, NMC;
- action under an alternative procedure e.g. the procedure for dealing with matters of conduct.

The Director of the company (Smart Clinic at APL Health) or a nominee will be responsible for monitoring the matter and/or conducting further risk assessments, considering up to date information if this is necessary and appropriate.

#### xii) Retention of information

Written records of any safeguarding concerns will be retained for as long as is necessary for the purpose for which it was obtained or as legally required or lawfully permitted.

#### xiii) Support

We recognise that involvement in situations where there is risk or actual harm can be stressful for all involved and we will provide the following support for our employees as appropriate:

- 24/7 legal helpline via the Employers Assistance Programme (EAP);
- independent, external counselling;
- external supervision and peer support for counsellors;
- clinical supervision and regular 1:1s.

#### xiv) Related guidance documents

1. Safeguarding and risk management protocol.
2. Safeguarding risk assessment template.

#### xv) Review of policy and procedure

This policy and procedure will be reviewed on an annual basis and updated as appropriate.

