

The NHS Confederation

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Safeguarding

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Director of People and Governance

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Version Control:

Version	Date	Changes
1	December 2022	Policy created
1.2	December 2023	Minor change to include requirement for staff to undertake mandatory safeguarding training Guidance updated to include further clarification around risk assessment process and working with service users

Introduction

Purpose of this policy

The Charity Commission sets out obligations for charities, such as NHS Confederation to ensure all individuals it works with are protected from harm or abuse. This includes staff, members, visitor, board members and trustees.

This policy sets out how the NHS Confederation fulfils its safeguarding obligations to create a safe environment for everyone.

Scope

This policy applies to everyone working at or with the NHS Confederation¹. It applies to:

- all staff, including chief executives, directors, senior managers, employees (whether permanent, fixed term or temporary), seconded staff, homeworkers, agency workers and volunteers
- consultants and contractors
- trustees and committee members.

Any employing or contracting manager must ensure that all temporary staff, consultants, or contractors are aware of this policy.

By the NHS Confederation we mean the NHS Confederation charity, any subsidiary companies, and any hosted networked organisation.

The NHS Confederation has designated the Director of People and Governance as the individual who is responsible for ensuring that the NHS Confederation implements this policy.

Safeguarding and creating a safe environment for everyone cuts across the entire organisation, it's work and culture. This policy should be viewed in that context and particularly read in conjunction with the organisation's Dignity at Work and Whistleblowing Policies as well as our values and behaviours and code of conduct for staff and trustees; our EDI strategy and our anti-racism strategy.

¹ Collectively referred to as workers in this policy

Policy statement

Creating a safe and welcoming environment, where everyone is respected and valued, is at the heart of safeguarding within the NHS Confederation. The NHS Confederation is committed to ensuring the organisation is run in a way that actively prevents harm, harassment, bullying, abuse, and neglect. The NHS Confederation is committed to also actively promoting wellbeing and inclusion of its staff and any person that comes into contact with the organisation.

The NHS Confederation is also committed to being ready to respond safely and appropriately should a safeguarding concern be highlighted.

The NHS Confederation is committed to ensure its safeguarding approach follows these six key principles:

1. Empowerment

We will empower all staff, members, and people we come into contact with to speak out against actual or risks of harm, harassment or abuse.

We ensure adults are supported and encouraged to make their own decisions and informed consent – we will ensure appropriate steps to empower individuals to make appropriate choices about their protection. We adopt the Making Safeguarding Personal approach.

2. Prevention

It is better to act before harm occurs - We recognise that abuse is a symptom of social, institutional, and individual discrimination. Preventing discrimination is essential to abuse prevention. We will ensure everyone understands what abuse is, how to spot the signs and how to seek help.

NHS Confederation is committed to putting in place measures to reduce the likelihood of abuse taking place within the organisation and to ensuring that all those involved within our organisation will be treated with respect.

NHS Confederation is committed to safer recruitment policies and practices for paid staff, trustees, and volunteers. This will include DBS disclosure checks where appropriate, ensuring references are taken up and adequate training on safeguarding is provided.

We will risk assess for safeguarding across all activities of the organisation, including events and programmes, and ensure appropriate mitigations and preventions are implemented

3. Proportionality

We will always work in the interest of the individual(s) concerned who might be at risk of/ suffering from abuse and only get involved as much as necessary.

4. Protection

We will ensure support and representation for those in greatest need. We will ensure we are person-centred in our approach with individuals, including supporting individuals to report abuse and neglect.

5. Partnership

We recognise we may need to work in partnership with other bodies or communities to secure the best possible outcome for the individual affected by, or at risk of, abuse or harm. We will treat information as sensitive when sharing with appropriate bodies and work with them to secure the best outcome for the individual(s) involved.

6. Accountability

We will be open about our safeguarding practices and regularly reflect and learn from best practice, gaining feedback from staff, Our Speak Up Champions, and from emerging policy change.

Safeguarding is a part of everyday activities within the organisation and is therefore embedded within our values and behaviours, and across several strands of work to support staff, not least:

- Equality Diversity and Inclusion
- Anti-racism education programme
- Staff development, HR policies and procedures
- Staff wellbeing
- Mental Health First Aid

Safeguarding is everyone's responsibility, and the NHS Confederation will support staff to understand these responsibilities through mandatory training and clear guidance. Although the nature of the NHS Confederation's work means we do not work with vulnerable adults or children, where staff may be exposed to these audience, additional training will be provided. The NHS Confederation will conduct appropriate DBS checks for staff and trustees where there is a justifiable need relating to their role and remit. This will include any staff member working with adults at risk, service users, children, or young people (e.g., work experience and apprenticeships).

All suspicions and allegations of abuse must be properly reported to the relevant internal and, if necessary, external authorities (e.g., police, appropriate local safeguarding authorities), and must be dealt with swiftly and appropriately as per the Safeguarding guidance. There is a Designated Safeguarding Lead for overseeing the work and supporting staff with reporting suspicions and allegations of abuse.

Responsibilities

The Board of Trustees: the charity's board of trustees is responsible for ensuring appropriate policies and procedures are in place to comply with safeguarding obligations

and to ensure people who interact with the organisation are protected from harm or abuse. A trustee shall be identified as a trustee lead for safeguarding.

The NHS Confederation Chief Executive is responsible for implementing the appropriate policies and procedures and ensuring they are communicated to staff through training and information sharing

The Group Executive are responsible for communicating the importance of safeguarding and for championing this safeguarding policy to their teams. They have a duty to ensure all team members are kept safe from harm or abuse at work and are not put in a situation where they might be exposed to safeguarding risks.

The Director of People and Governance is the Designated Safeguarding Lead. They are responsible for overseeing the implementation of this policy; making sure all staff know how to raise safeguarding concerns and have appropriate training; managing safeguarding concerns, allegations or incidents reported to NHS Confederation and referring any concerns to appropriate safeguarding services.

Employees are responsible for ensuring they comply with the requirements of this policy and all related policies. Employees should be aware of safeguarding and report any allegations or concerns to the Designated Safeguarding Lead (currently the Director of People and Governance). Employees are responsible for ensuring they have given adequate time to undertake and complete the mandatory safeguarding training provided by the organisation.

Monitoring and Review

The Director of People & Governance will monitor the effectiveness and review the implementation of this policy, regularly considering its suitability, adequacy, and effectiveness, considering legal developments and changes in the organisation's business

An annual review of safeguarding will be conducted and reported to trustees which shall include a report on any incidents having occurred and staff feedback. These reviews can be more frequent should safeguarding concerns be raised or trustees require more assurance.

Staff will be engaged in reviewing safeguarding in the organisation and our performance against this policy. We will introduce Speak Up champions to promote safeguarding and to support staff to discuss concerns.

Guidance notes

What is safeguarding?

Safeguarding is the actions, culture and processes an organisation takes to ensure they provide a safe environment for everyone to be protected from harm, harassment, or abuse.

Whilst most safeguarding has traditionally involved supporting adults at risk and children/young people, with whom the NHS Confederation has limited contact, safeguarding is for everyone and everyday – our staff, our members, the public. Everyone we come into contact with should be protected from harm or abuse. This includes harassment micro aggression, or behaviour that goes directly against our values and behaviours. Therefore this guidance aims to support the two possible scenarios:

Indirect	Direct
<p>Where the safeguarding risk or threat is likely to be from outside of the NHS Confederation towards a staff member, their family, Member, or public, and not within the organisation's gift to influence significantly but has a duty to spot, act and support the individual(s) involved.</p> <p>We also need to be mindful that at work we are not doing anything that could increase the risk to the individual.</p>	<p>Where the safeguarding risk or threat is because of a direct involvement of NHS Confederation: preventing and challenge abuse and harassment from within the NHS Confederation – creating a safe, respectful, and inclusive environment for everyone</p> <p>Although we still need to be mindful of wider safeguarding risks, we think the main risks in this area relate to:</p> <ul style="list-style-type: none">• Harassment or inappropriate comments or behaviour at a meeting or event• Racism, bullying or other discriminatory behaviour, such as misogyny, sexism, transphobia etc.

Abuse and harm are also not always visible or spoken about. Abuse and harm are wrong and sometimes people have nowhere to turn. It can happen to anyone. We have a duty to support their protection and be confident to act.

Making safeguarding personal

Safeguarding practices now places a stronger emphasis on achieving satisfactory outcomes that consider the choices of the individual who may be suffering from (or at risk of suffering from) abuse or harm.

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be considered when decisions are made, and our process attempts to promote this, as well as include them as much as possible throughout the process.

However, there may be circumstances where the adult is in immediate danger, or the safeguarding concern involves children where appropriate steps may need to be taken without full consent or prior dialogue.

What this means in practice is that the Safeguarding Lead will follow the following four steps.

Ask	Listen	Offer Choice	Work Together
understand the situation from the person's perspective and what they want to happen to make them safe.	Give space and time and provide a safe space to share. Use their preferred communication channels.	Empower them to make choices about next steps where possible. Be open about what you may need to report and what can be achieved. Normally the Safeguarding Lead will work with the individual to create an action plan	Work in partnership to achieve positive outcome, provide feedback and updates. Discuss outcomes and review regularly. Offer follow up support from other sources once safeguarding support completes.

Recognising harm or abuse

According to the [Ann Craft Trust](#), abuse and harm can come in many forms:

Self-neglect	This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.
Modern Slavery	This encompasses slavery, human trafficking, forced labour, and domestic servitude.
Domestic Abuse	This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by anyone within a person's family. It also includes so-called "honour" based violence.

Discriminatory	Discrimination is abuse that centre on a difference or perceived difference, particularly with respect to race, gender, identity (including expression of identity), disability, or any of the protected characteristics of the Equality Act.
Misogyny	Dislike of, contempt for, or ingrained prejudice against women. Examples can include objectifying, belittling, name calling, controlling, gaslighting, inappropriate comments
Organisational	This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one's own home.
Physical	This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.
Sexual	This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.
Financial or Material	This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance, or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.
Neglect and Acts of Omission	This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.
Emotional or Psychological	This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation etc
Bullying and Harassment	unwanted conduct of behaviour designed to cause harm or distress to another person. It can be characterized as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate, or injure the recipient. Bullying can be related to age, sex, race, disability, religion, sexual orientation, nationality, or any personal characteristic of the individual, and maybe persistent or an isolated incident. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.
Cyber Bullying	Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various types of bullying, including racist bullying, homophobic

	<p>bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator conducting the bullying face-to-face, they use technology as a means to do it.</p> <p>This could also include Deep Fake – where AI is used to create a false video, recording or photograph of the individual</p>
Forced Marriage	<p>This is a term used to describe a marriage in which one or both of the parties are married without their consent or <u>against their will</u>. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse.</p>
Mate Crime	<p>A “mate crime” is when “vulnerable people are befriended by members of the community who go on to exploit and take advantage of them” (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual.</p>
Radicalisation	<p>The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.</p>
Cuckooing	<p>The term is used to describe how others take over a person’s home and use it for criminal activities. These activities usually involve producing, storing and, or supplying drugs or weapons. It can sometimes involve holding parties and encouraging sexual activity. It can be part of a bigger, organised plan to move drugs, weapons, and people around the country.</p>
Gaslighting	<p>manipulation of a person (or people) usually over an extended period that causes that person to question the validity of their own thoughts, perception of reality, or memories and typically leads to confusion, loss of confidence and self-esteem, uncertainty of one's emotional or mental stability, and a dependency on the perpetrator</p>

Anyone could be the subject of abuse or harm at any time. We may spot harm/abuse in anyone we could come into contact with. Additionally with the increased use of MS Teams and homeworking there may be also concerns spotted about someone’s family member or person sharing accommodation.

Abuse may be carried out deliberately or unknowingly. It may be a single act or repeated acts. People who behave abusively come from all backgrounds. They may be relatives, friends, neighbours, members, or colleagues.

Adults at Risk

Adults at Risk is a term used to describe adults who:

- Have needs for care and support (whether the local authority is meeting any of those needs) and
- are experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

We have a particular duty to ensure the safeguarding of Adults at Risk and any staff who may be working with Adults at Risk must contact the Designated Safeguarding lead to ensure effective procedures are in place and followed. Typically, staff would be offered additional training and may be required to have DBS check.

Children and Young People

There are duties relating to Children and Young People. Whilst the NHS Confederation does not normally work with children it is acknowledged that some safeguarding issues may permeate to children in the care of individuals who may be suspected of suffering from abuse or harm. Where this is the case, the Designated Safeguarding Lead must be notified immediately who will report to the appropriate safeguarding services.

Occasionally the NHS Confederation may take on apprenticeships or provide opportunities for apprenticeships or work experience for young people (over 16 years of age) Annex 3 provides further guidance on this area. Please do not enter a work experience or apprenticeship relationship without prior discussion with the Safeguarding Lead.

Recognise, Respond, Report, Record and Refer

If you suspect abuse, you should always act and speak up. If you yourself feel you are suffering abuse in your role, then you are strongly encouraged to speak up so we can act. By identifying and reporting abuse, everyone can be kept safe. Use the five Rs of safeguarding as a guide. If you are unsure, please talk to the Designated Safeguarding Lead, your line manager or one of the Speak Up champions.

Recognise Knowing the signs and indicators of abuse and neglect will help you to recognise when something isn't quite right. Always trust your instincts. Not all signs of abuse or harm will be physical (i.e., bruises) or the individual may not always openly share they are potentially being abused. Look out for things such as change in behaviour or appears withdrawn or drops hints that something is not right. It is everyone's duty to recognise these instances as potential indicators of a safeguarding concern.

Respond This does not necessarily mean you should insert yourself into any situation that could result in a negative response or make matters worse, but it does mean you

need to do something! In some cases, it may be simply acting as an active bystander and supporting an individual to end a conversation. In more complex cases, inserting yourself may make matters worse. Remember:

- We must all stand up for people who can't speak up for themselves.
- Speaking up if you're worried someone is harming or abusing someone else is always the right thing to do.
- People are often worried that if they report someone for doing wrong, they'll hurt that person. But doing nothing could hurt others even more.
- There are many reasons why people might feel uncomfortable or be scared to report suspicions of abuse. That's ok. It's worth fighting those fears so you can help someone.
- If you speak up, NHS Confederation will protect you and make sure you're not harmed or criticised for

Report Your first point of contact when it comes to reporting a safeguarding concern should be the Safeguarding Lead, currently the Director of People and Governance. If you are unsure of who this person is, seek advice from your line manager in a way that does not involve giving away details of the situation at hand. Remember, all safeguarding matters should remain confidential and must only be shared with people who are involved in the safeguarding process.

If the individual affected is in immediate harm or risk of harm then you must call 999 immediately, even if you cannot speak to Safeguarding Lead beforehand.

If the individual at risk of harm or abuse has come to you directly you may say, if you feel comfortable, that you wish to ensure they have the right support and discuss that you will be talking to the Director of People and Governance/Safeguarding Lead in confidence to see what support can be found. They may wish to be part of that conversation as part of our commitment to making safeguarding personal.

If your concerns relate to a child or a third party that you have not had direct dialogue with, you do not initiate a discussion and report directly to the Safeguarding Lead.

Record It's incredibly important to make a record of everything you have seen and heard when it comes to a safeguarding incident. Do this as soon as possible after any incident and every time you speak to another individual about what happened. Write down exactly what happened, including (if possible) the exact dates and times. Include the names and details of any individuals involved and record all information to ensure the most accurate account of the incident. Even make a record of the date and time you escalated your concern Safeguarding Lead. Be sure to keep these records in a safe location where they cannot be accessed by anyone else; this is confidential information and might be used as evidence later along the line. The Safeguarding Lead will advise you on how to record and store appropriate information.

Refer If there is genuine concern for an individual's safety, or if you think someone might be a victim of abuse, neglect, or maltreatment, you must refer your concerns to the correct authority. This will usually happen via The Director of People and Governance as the Designated Safeguarding Lead. In doing so, the Lead will aim to work with the individual, if an adult, help 'make safeguarding personal' (see section above)

The Safeguarding Lead will find the appropriate [local agency](#) to contact, as well as potentially the police and other relevant agencies. In this case, you need to ensure that any supporting records and information you have about the incident or individual are passed on.

However, if someone is in immediate danger and you cannot get hold of the Designated Safeguarding Lead you must call 999 immediately.

Not sure if it is a safeguarding concern?

Even if you are not certain that it is a necessarily a safeguarding issue, you must always speak up. Your Line Manager, a Speak-up Champion or The Safeguarding Lead will talk you through the concern and help to identify if this is an issue and what support and actions need to take place. This may mean immediate action and/or influencing future policy and practice to prevent others from being exposed to risks of abuse or harm.

Everyday Safeguarding at NHS Confederation

Whilst the term Safeguarding can often instantly draw us to think about serious and high-profile incidents involving children and adults at risk in other organisations, for the NHS Confederation (whilst we must be mindful of all types of abuse) we are most likely to encounter incidents that might involve:

1. Harassment or inappropriate comments at a meeting or event
2. Racism, bullying or other discriminatory behaviour, such as misogyny, sexism, transphobia.

We have a duty to call this out where we see it and protect every member of staff. By being an active bystander, you can adopt three different approaches, depending on the situation:

- Direct: Call it like you see it.
- Distract: Draw away or divert attention.
- Delegate: Appoint someone else to help intervene.

Safely intervening could mean anything from a disapproving look, interrupting or distracting someone, not laughing at a sexist or a violent joke, calling out their behaviour in a non-confrontational way, to caring for a colleague who's experienced problematic behaviour. Other times, it means asking colleagues, staff, or the police for help.

The NHS Confederation will protect all staff who call out inappropriate behaviour, regardless of who that individual exhibiting the inappropriate behaviour and their standing within their own organisation, or within the NHS Confederation.

Once the incident has passed, make sure you report it. NHS Confederation has a zero-tolerance approach to harassment of any sort and will take appropriate actions such as:

1. For staff – following the organisation’s disciplinary procedures.
2. For members – writing to the individual and their line manager calling out the behaviour, potentially banning from future engagement with NHS Confederation
3. For consultants – ending contracts.
4. For delegates at events, colleagues in other organisations, writing to them to highlight the inappropriate behaviour, potentially writing to their line manager/contractor, and banning from future events and refusing engagement with NHS Confederation

Where possible we aim to be transparent with staff where action may be taken that affects them but understandably a lot of safeguarding and disciplinary action may carry legal implications and we have a duty to keep safeguarding issues confidential so may not be able to provide full disclosure,

In practice – keeping our staff and members safe

Key tips for safeguarding you can adopt might include:

- Talking in your teams about the importance of everyday safeguarding, being transparent (where possible, whilst observing confidentiality) about incidents of safeguarding and the impacts.
- In risk assessments prior to events, consider safeguarding risks, such as late nights, alcohol, difficulties with transport. Discuss these as a team.
- Remind everyone of the safeguarding code of conduct.
- Ensuring no one is left alone in a vulnerable situation, such as walking from an event alone at night, isolated with another individual.
- Ensuring everyone has an emergency contact number when away at an event together.
- Developing an Ask Angela Protocol if your team are out at an event or conference: If someone looks uncomfortable and you go over to them, they can say to you ‘have you seen Angela’ / ‘have you heard from Angela,’ ‘did you get the message from Angela.’ This is an alert to let that person know they are in an uncomfortable situation and need your support, whether it’s just standing with them, helping to end the conversation, or actively stepping in. [NB you may wish to agree a different Confed related name as Angela is becoming a well-known code-word. EG Connie]. A response might be ‘ah yes I just need a quiet word with you about that’ so you can both withdraw from the situation to discuss.

Line Managers have a particular role to play in always checking in with their staff, particularly when they are away from home on business and that they are not put into situations where they might be exposed to abuse, harassment, or unwarranted behaviour. Where a team member is travelling without a line manager, another senior member of staff should take oversight for that individual.

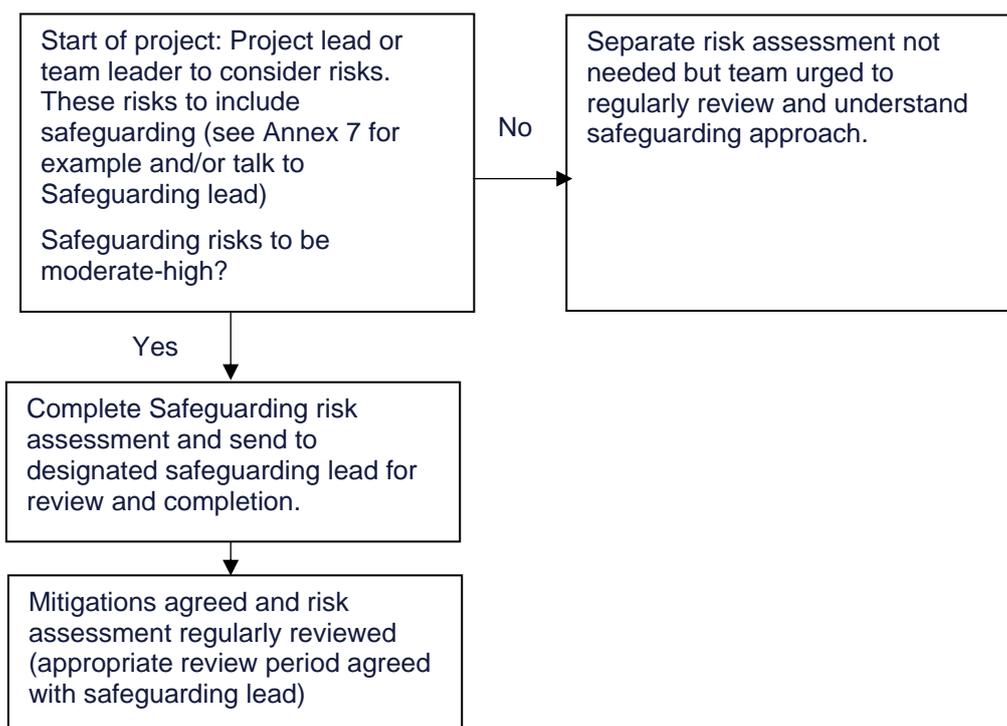
Undertaking risk assessments

Project leads and Directors have a particular role to play in ensuring safeguarding risks are considered as part of project planning and that these are effectively documented in an overall risk assessment should risks thought to be moderate-significant. Such risks may include:

- Staff working on a high profile or highly contentious project where their name may be used in a report, or they may be acting as a media spokesperson.
- Conferences and events where staff may be travelling alone, staying away from home, or attending evening events, particularly where alcohol may be involved – to be included in the overall event risk assessment and staff guidance.

Please also see Lone Working Policy and Pregnancy and Parenthood policy for specific approach to these areas of risk.

When should a risk assessment be undertaken?

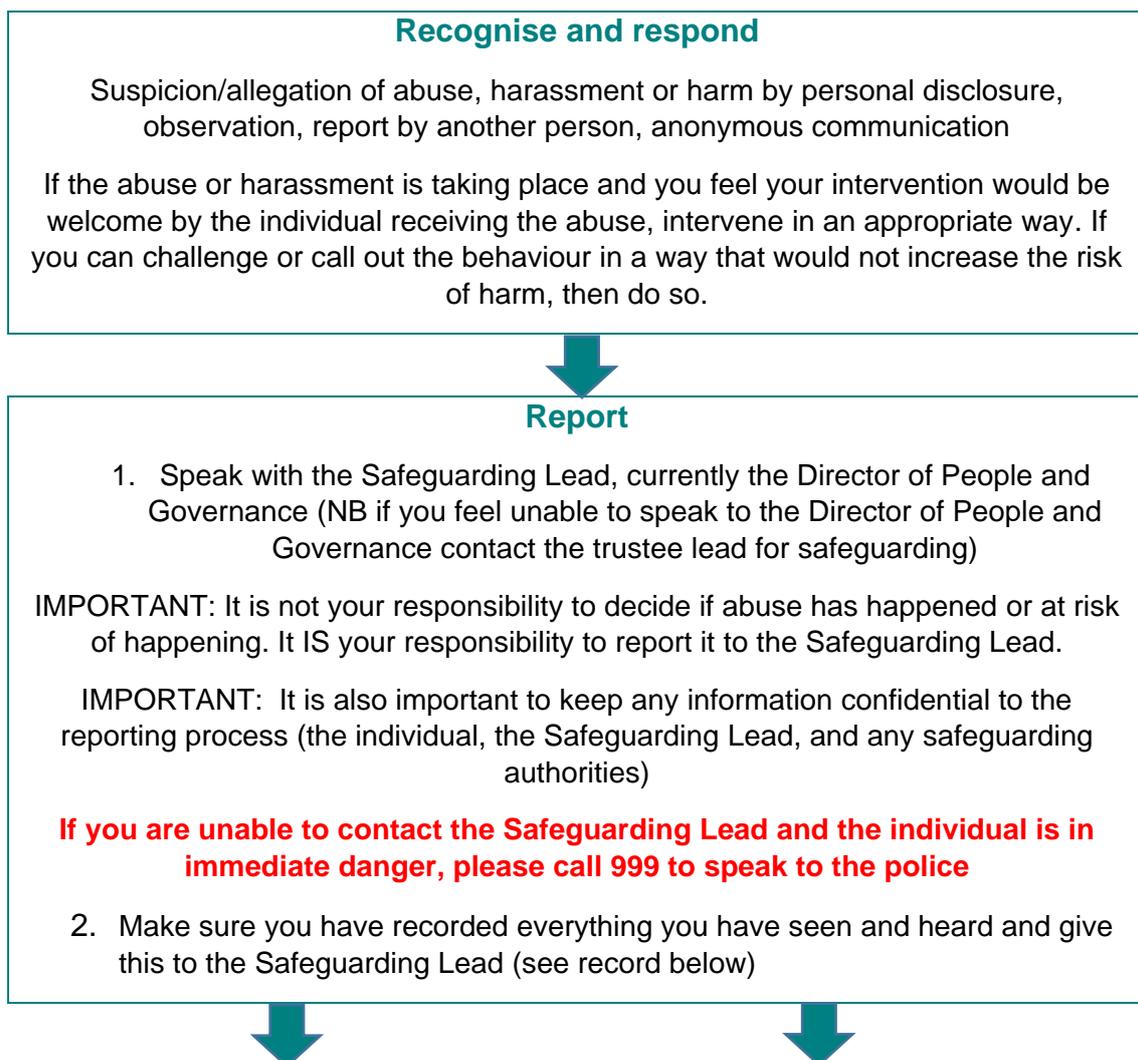


Annex 1 Flow chart of the process for reporting

If you suspect or observe abuse in another person you must follow the following process as soon as possible, which will be handled sensitively.

If you, yourself feel you may be suffering from, or in threat of, abuse, harassment, or harm please speak directly to your line manager as they may be able to immediately intervene. If you do not feel comfortable talking to your line manager, then please contact the Designated Safeguarding Lead or speak informally and confidentially to one of the Speak-Up Champions (noting the role of the Speak Up Champion is not to directly intervene but to support you in the process).

Process for incidents or concerns involving adults



Refer

Not all incidents including adults may need a referral externally but will still need acting upon through organisational policies and practices to stop the abuse, harassment or bullying from happening. This may involve creating an Action Plan with the individual involved to ensure they are supported and working at NHS Confederation does not increase the threat or risk.

It is essential that wherever possible it is the adult at risk or affected who will decide on the chosen course of action, considering the impact of the adult at risk's capacity where relevant. However, the people and organisations caring for, or assisting them, must do everything they can to identify and prevent abuse happening wherever possible and evidence their efforts.

Incident that might not require external referral but requires action

This might include incidents of internal harassment and discrimination or behaviour that goes against our values and expectations.

The Safeguarding Lead would normally follow the procedure set out in the Dignity and Respect Policy.

Safeguarding Incident that will require reporting and/or support from external agencies

This might include serious abuse from outside of the organisation or serious internal incident requiring criminal investigation.

An action plan may be created with the individual involved to prevent future risk of harm.

If a referral is needed, the Safeguarding Lead would normally make the referral or encourage the individual themselves to self-refer (e.g., contact the police to report abuse). You would only do so if a delay in contacting The Safeguarding Lead would put a vulnerable person at risk.

If the risk is not immediate, but warrants a referral, the Safeguarding Lead may report suspicions abuse to the individual's local council. You can put your postcode into the GOV.UK service finder to find out who to call in your area. Or through the [directory of safeguarding board here](#) which should also detail how to make referrals



Record

Verbal referrals usually need written referrals and report submitting often within 24 hours so please make sure your notes are accurate and capture everything that you observed or was discussed.

NB depending on the situation a Serious Incident Report may be required for the Charity Commission. This includes both scenarios/routes above. Therefore, accurate record keeping is helpful.

Process for incidents or concerns involving Young Person or Child

Inc a situation affecting an adult but might indirectly impact on child in same household (e.g., domestic abuse) directly a child or a situation.

Unlike in adult safeguarding issues, concerns involving young people or children always must be referred and without direct contact between you/the Safeguarding Lead and the young person/child.

Recognise and respond

Suspicion/allegation of abuse by personal disclosure, observation, report by another person, anonymous communication

Report

1. Speak with the Safeguarding Lead, currently the Director of People and Governance

IMPORTANT: It is not your responsibility to decide if abuse has happened or at risk of happening. It IS your responsibility to report it to the Safeguarding Lead.

IMPORTANT: It is also important to keep any information confidential to the reporting process (the individual, the Safeguarding Lead, and any safeguarding authorities)

If you are unable to contact the Safeguarding Lead and the individual is in immediate danger, please call 999 to speak to the police

2. Make sure you have recorded everything you have seen and heard and give this to the Safeguarding Lead (see record below)

Refer

Concern affects Young Person or Child

Inc a situation affecting an adult but might indirectly impact on child in same household.

The Safeguarding Lead would normally make the referral. You would only do so if a delay in contacting The Safeguarding Lead would put a child at risk. (*e.g., unable to contact*). You must notify The Safeguarding Lead asap of any referral you make.

If the risk is not immediate, report child abuse to your local council. You can put your postcode into the GOV.UK service finder to find out who to call in your area. You can also report via the NSPCC helpline: 0808 800 5000.

NB If you're a child or young person and need someone to talk to call Childline: 0800 1111.



Record

Verbal referrals usually need written referrals and report submitting often within 24 hours so please make sure your notes are accurate and capture everything that you observed or was discussed.

Annex 2 – Safeguarding Code of Conduct

At NHS Confederation we believe that all staff, trustees, and volunteers share responsibility for safeguarding and promoting the welfare of every individual we come into contact with. Whilst the NHS Confederation does not directly work with children or adults at risk it is important that safeguarding is for everyone - everyone is entitled to a safe and welcoming environment, where they are respected and valued. The Safeguarding Code of Conduct below sets out what is required, and this should be read in conjunction with the Safeguarding Policy. Please speak to your manager if you are unclear or require further clarification on this, in relation to your role.

Values and Behaviours

All staff commit to

- always upholding the policies and values and behaviours of the NHS Confederation, showing professionalism with colleagues, members of the public, Members, service users and any other individuals they come into contact with on NHS Confederation business.
- challenging unacceptable behaviour and report all allegations and suspicions of abuse.
- foster a culture that is inclusive and safe for everyone and where individuals can speak about their concerns.

Awareness of Safeguarding

All staff commit to

- becoming familiar with the Safeguarding Policy and procedures.
- undertaking training to understand safeguarding in the workplace.
- promoting safeguarding in their day-to-day work.
- seeking advice and help from the Safeguarding Lead should they suspect that someone may be at risk of harm or abuse.

Professional Boundaries

All staff uphold professional boundaries at work, with colleagues, Members, and members of the public. All staff commit to

- being mindful in their use of language/terminology that may be misconstrued or using inappropriate or offensive language.
- being mindful and limiting physical contact with other individuals that may be misconstrued or make an individual feel uncomfortable.
- being mindful of informal work events (e.g., conference drinks receptions, organisation-led staff parties) and the need to view these as still work events requiring professional boundaries
- not giving out personal mobile or home telephone numbers or personal emails to Members, service users or members of the public. *[NB if you use your personal mobile for work and have signed the Bring Your Own Device Policy you are aware of the risks and set appropriate boundaries]*

- Avoiding one-to-one situations with service users or individuals who may be particularly at risk (adults at risk and children/young people). Where it is difficult to avoid one-to-one situations make sure those individuals are in a public place or somewhere that both parties are comfortable and that is not private (e.g., their bedroom). *[NB for day-to-day working with team members and other employees' one-to-one meetings, particularly with line managers, are recognised as an essential part of work and should not be avoided unless you have been advised to do so by the Designated Safeguarding Lead if you have raised a concern]*

Abusing Position of Trust

All staff recognise that their role may award them a 'position of trust,' or a perceived position of trust when interacting with service users, young people or indeed colleagues. As such staff are committed to

- being aware of what position of trust means, when they might be in a position of trust, and the legal implications this may bring. This is particularly important when working with young people and or adults at risk
- never attempting to abuse their own position of trust and reporting if they believe a colleague is potentially abusing a position of trust.

Online and social media, and use of personal phones

Online and social media provides many benefits to our communication but also challenges and risks when it comes to safeguarding. All staff commit to:

- being aware of the risks posed to individuals using social media and the need to uphold professional standards.
- upholding all IT Policies with specific note to:
 - Not use our work equipment to take or store personal pictures/video content.
 - Not access, view, download or distribute images or content that may be offensive, non-inclusive or illegal.
- being mindful of the ever blurring of lines between 'private' and professional use of social media
- adjusting privacy settings on your own personal social networking sites to prevent inappropriate content being shared with service users, adults at risk or young people we encounter through work
- not giving our personal social media (e.g., WhatsApp) details to adults at risk, young people, or children to whom you are working with.
- not establish WhatsApp groups involving young people or children unless this is an agreed part of the work and has been risk assessed by line managers and the Safeguarding Lead.
- never agreeing to be part of service user, young person's, child's, or their family's social networking sites or agree to be e-friends, unless this is an agreed part of the work and has been risk assessed by line managers and agreed with the Safeguarding Lead.
- being aware of backgrounds and locations for video meeting and potential safeguarding risks:
 - if the meeting is with an adult at risk, young person, or child then they should be encouraged to not join their meeting from a private place such as their bedroom

- if the meeting is with a child or young person then parental/guardian/carer consent must be obtained and parental/guardian/carer must be aware of when the meeting is happening
- consider the possibility of chaperones when working with adults at risk, young people, or children
- consider anyone who might accidentally come into the meeting, or be visible without consent

Annex 3 – Young People and Adults at Risk: Apprenticeship and Work Experience Safeguarding Guidance

Introduction

This guidance relates to young people or adults at risk who may wish to gain apprenticeships or work experience with the NHS Confederation. That is not to say that adults may not be given similar opportunities but that there are additional considerations around protecting young people and adults at risk

The NHS Confederation will normally partner with the school or college that is supporting the young person/ adult at risk in work experience or apprenticeship to ensure the safeguarding of that individual. This will include NHS Confederation.

- ensuring that any staff working with apprentices in a position of trust are appropriate for the role and do not present any danger or threat.
- ensuring that any people working with young or adults at risk have had an appropriate check completed with the Disclosure and Barring service.
- developing any specific safeguarding plans relating to the individual or the college/school partner

We do not offer work experience to children under the age of 16. Before entering any work experience or apprenticeship relationships you must talk to the Safeguarding Lead.

Prevent

In addition, as part of the Counterterrorism and Security Act 2015, universities and colleges are required to pay 'due regard to the need to prevent individuals from being drawn into terrorism'. There is no single way of identifying a person who may be vulnerable to extremist ideology, and it is often the culmination of several influences. These can include family, friends, or relationships they have made online. Extremism can also include non-violent action. Normally the college will ensure the young person receives appropriate 'PREVENT' sessions, but you must discuss this with the college. NHS Confederation is committed to the underpinning principles of Prevent and staff working with young people should familiarise themselves with these [principles](#).

Online

The college will normally want to ensure that the NHS Confederation has clear policies around IT and working online. The apprentice/work experience must be made aware of our policies and practices by their nominated line manager/supervisor and receive a proper induction. The line manager/ supervisor must read the Staff Safeguarding Code of Conduct in relation to use of online interactions with young people/adults at risk.

Induction

The individual must be given an appropriate induction, which includes clear paths for reporting any concerns. This induction will be designed with the appropriate supporting college.

Providing Support

The apprentice/individual on work experience must be allocated a named individual to act as a supervisor /line manager. In addition, you may agree with the college and the individual that they may benefit from having another staff link such as a buddy or mentor.

The supervisor/line manager must have a valid DBS check and have completed level 2 safeguarding training.

For apprenticeships it is important to have regular joint meetings with the supervisor from the college.

The apprentice/individual on work experience would never usually be put in a position where they are working solely for one individual during their time with the NHS Confederation. They would normally be working within a team and therefore interacting with several individuals.

Whilst one-to-one contact with the young person or adult at risk may be a necessary part of the support process it is important that these are documented and discussed with the supervising college. Where they are face-to-face, this should be in a public place or an open place of work. They should never be at an individual's house. If video conferencing is used, you will need to ensure the individual is in a comfortable place but not anywhere private like their bedroom.

Checklist for Work-experience and Apprenticeships

	Work experience		Apprenticeship	
	Needed?	Date complete	Needed?	Date complete
Conversation with supporting College about:				
Safeguarding procedures and responsibilities	✓		✓	
Necessary training, including PREVENT and agree who will deliver	✓		✓	
Confirmation of parental/guardian/carer consent if under 18	✓		✓	
Programme of review meetings with college to inc. safeguarding			✓	
Line Manager/ Supervisor allocated	✓		✓	
Line Manager has current DBS	✓		✓	
Line Manager has completed basic safeguarding training	✓		✓	
Line Manager has completed level 2 safeguarding training			✓	
Optional additional buddy/mentor allocated				
Optional Additional buddy/mentor has received basis safeguarding training	✓		✓	
Individual has provided health disclosure	✓		✓	
Line manager has assessed safeguarding risks and mitigations	✓		✓	

Annex 4 – Working with Service Users /adults at risk

Introduction

The NHS Confederation often finds it beneficial to engage service users in its work, both informally and formally – they can play a vital role in shaping our strategy and activity. Whilst everyone may experience vulnerability at any point, some service user engagement may particularly involve adults at risk and therefore further consideration to safeguarding needs may be required.

The NHS Confederation will normally partner with a lead Trust or organisation that has identified a service user to engage in activity. The Trust will retain overall duty regarding the ongoing health needs of the service user. This guidance relates to safeguarding, rather than that issue of supporting health need and inclusion of service users. Where there might be a ‘nod’ to supporting health needs, these are highlighted in *italic*.

Upon Appointment

The sponsor Trust shall take responsibility for being the first port of contact for the service user and shall provide all the necessary support to enable them to fulfil their role, including pastoral support.

The Service User, Sponsor Trust and NHS Confederation will discuss/agree:

- the service user’s named individual point of contact(s) in both the NHS Confederation and the Trust
- Communications channels, such as regular catch-up meetings. This will include any one-to-one scenario.
- Specific needs of the service user to engage in the activity, such as reasonable adjustments that can be made by NHS Confederation and additional support needed to be provided by the Sponsor Trust
- Safeguarding responsibilities and processes, as well as any necessary training
- Whether or not the service user would like to share any vital information to support to them, for example, a Crisis Plan, emergency contacts both personal and within the Trust. [NB they are not obliged to disclose any information relating to their healthcare and this is classed as Sensitive Data]

Acting as point of contact for service user

Point of contacts for the service user need to make sure they are familiar with this policy and potentially have received additional training in safeguarding that is above the standard applied to all staff (depending on need). The point of contact may also need a DBS check.

Whilst one-to-one contact with the service user may be a necessary part of the support process, it is important that these are documented, or known about by an appropriate line manager at the NHS Confederation and the sponsor Trust. Where possible, the Sponsor Trust is involved in any meeting.

It is understandable that the point of contact will want to build a productive, supportive, and inclusive relationship with any individuals they work with. This includes service users. However, the point of contact must be aware of risks and may wish to think about the following (as you would with any colleague):

- The need to uphold professional boundaries and treat the service user as you would any other 'customer', 'board member' or Member.
- Only share NHS Confederation work contact details, not personal details.
- Consider appropriate boundaries for conversation topics, timing of contact, language use, volume of communication
- Be fully inclusive and ensure you are aware and tackle any stigmatisms that may lead to any type of discriminatory types of abuse.
- Understand what is shared with you in confidence regarding a service user's health requirements and be upfront about what information/in what scenarios you may have to break that confidence.
- You may also wish to become familiar with the contact numbers for the appropriate local crisis teams
- Consider the appropriateness of maintaining contact with the service user once they have ceased working with you in this capacity.

In some circumstances a service user may not understand professional boundaries. This places even greater emphasis on staff members ensuring the boundaries are clearly defined. Staff are reminded to read the Safeguarding Code of Conduct in Annex 2 of this document.

Reporting a concern

In reporting a concern, it is important to understand the difference between safeguarding and health crisis. **However, there may be times when an issue falls into both categories and the two processes should be followed in unison.**

<p>Safeguarding concern (as described by the Safeguarding policy)</p>	<p>Service user facing a health crisis Service user has directly told you of a health crisis or you have noticed a decline in health (mental or physical) potentially leading to crisis</p>
<p>Follow Safeguarding Policy and procedure including: Alert the Designated Safeguarding lead immediately</p>	<p>Consider usual pastoral contact and support (as you would with any colleague), potentially led by the Director or Chair of the appropriate Network, depending on circumstance. Ask the service user if you can disclose to their Trust sponsor – or service user to disclose to Trust Sponsor The person would be encouraged to access support via their usual healthcare routes and (such as crisis team).</p>
<p>The Designated Safeguarding Lead will follow the standard safeguarding reporting process and liaise with the sponsor Trust as appropriate</p>	<p>Sponsor Trust would not usually get informed by the NHS Confederation unless consent has been given due to confidentiality but would be contacted should the service user be no longer able to participate in Confed activity (e.g., not able to attend more than three meetings). Nature of absence would not necessarily be disclosed unless Service User has consented.</p>
<p>NB If anyone is in immediate risk of danger or threat to life call 999 to talk to the Police</p>	

Annex 5 Other sources of advice and support

This list is not exhaustive but if you have concerns about any safeguarding issue there are some resources listed below. Please note these are advice lines and not reporting lines.:

The [Ann Craft Trust](#) website has a wealth of resources and background information around safeguarding and different types of abuse and harm

For concerns about an elderly person, call Hourglass (formerly Action on Elder Abuse) on 0808 808 8141 (Available 9am to 5pm, Monday to Friday).

If you need advice on supporting someone experiencing domestic violence, call the Freephone 24hr National Domestic Abuse Helpline: 0808 2000 247.

If you're the victim of rape or sexual assault and want specialist advice including from a Sexual Assault Referral Centres, read this [GOV.UK advice](#).

If you've experienced or witnesses a hate crime, you can report the incident online through [True Vision](#).

If you've been the victim or witnessed any crime, you can get specialist help on the [government's victim and witness information website](#).

The NHS Confederation has a team of Mental Health First Aiders. You can read more about their role and how they can support you here on [Oracle](#).

As an organisation, we have signed up to Mindful Employer plus. This gives all our employees and managers access to a free telephone support line – 0300 555 6006 (employees) / 0300 555 5002 (managers).

Under our death in service benefit policy, staff have free access to bereavement counselling. Experienced counsellors are on hand to provide support for as long as they are required. If you wish to contact this service, please call 0800 912 0826 at any time of the day or night.

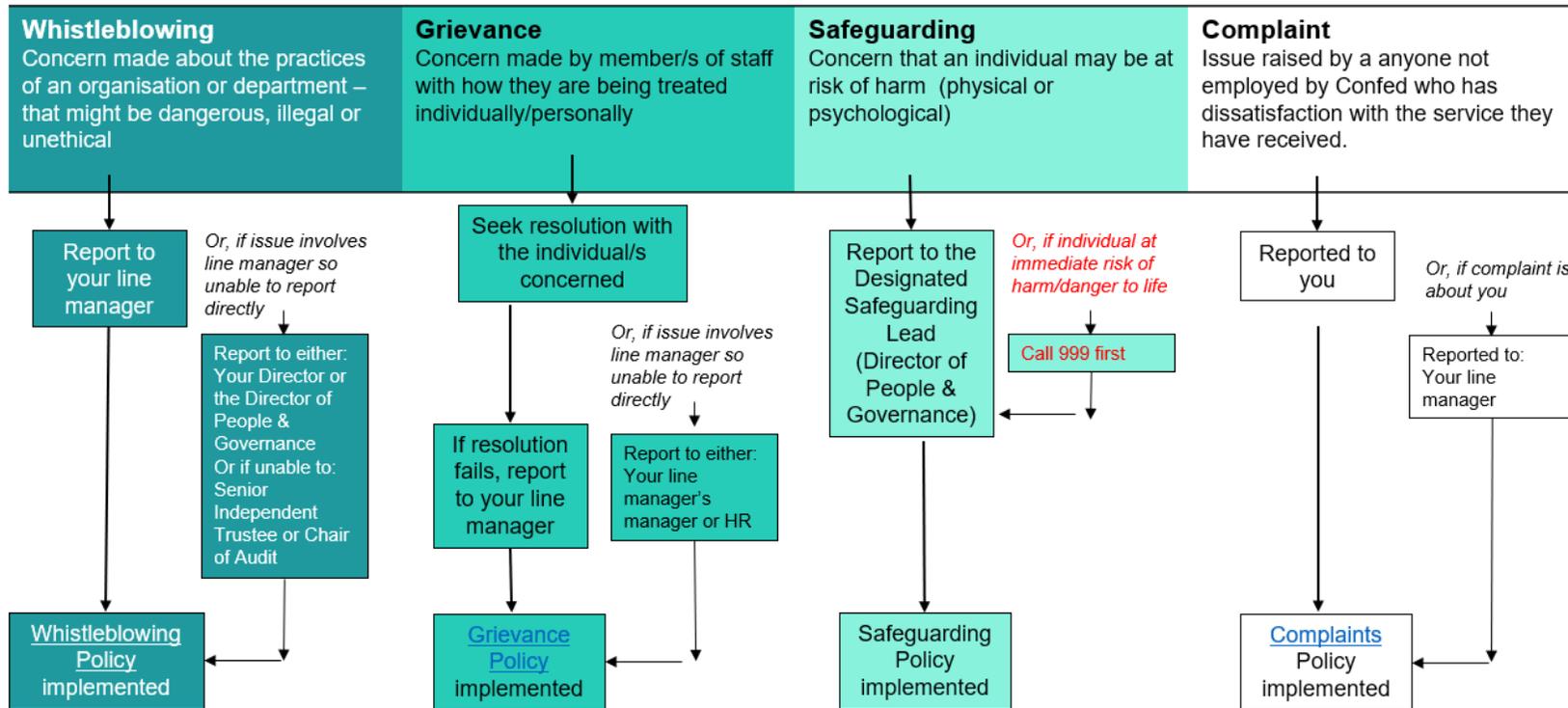
If harassment happens at your place of work and you feel safe to do so, you can report it to your manager, HR team or trade union. Please refer to the Bullying and Harassment Policy. For independent advice you can call the Equality Advisory and Support Service on 0808 800 0082 (limited opening times).

If you're a woman experiencing sexual harassment at work, you can get free employment legal advice from the Rights of Women helpline on 020 7490 0152 (limited opening times).

If you have reported an incident and do not feel it has been dealt with and feel unable to talk to your line manager or the Safeguarding Lead about this, you can wish to refer to the Whistleblowing policy.

If you need someone to talk to, call Samaritans: 116 123.

Annex 6: Raising Concerns – a guide for staff.



Unsure which route to use? Then talk it through with your line manager or a Speak Up Champion

Annex 7 Risk Assessments – templates

If you consider your project to expose your team or an individual to particular safeguarding risks, please complete the following and return to the Designated Safeguarding Lead (Marie Pritchard). The document overleaf provides some examples of likely safeguarding risks and possible mitigations for you to consider.

Project/incident name.....

Date completed.....

Completed by.....

1. Describe your project, event or situation that this risk assessment covers

Identify the risks and mitigations			
Descriptor of risk <i>Please include details around likely dates, individuals, and likely impact</i>	Severity of risk (low/ moderate/ high)	Proposed Mitigations	Severity of risk post mitigation

2. Sign off and record outcomes	
Measures approved by	
Date	
Summary of safeguarding advice given by Safeguarding/Governance	
Advice taken? Yes/No (please delete as appropriate)	
If advice not taken, please state why:	

3. Ongoing review	
To be reviewed by:	
Date of review	outcome

Part 2: Example of Safeguarding Risks and Mitigations

1. Identify the risks and mitigations		
Descriptor of risk <i>Please include details around likely dates, individuals, and likely impact</i>	Severity of risk (low/moderate/high)	Proposed Mitigations
staff member attending event known for high alcohol consumption – risk of staff being exposed to inappropriate behaviour	moderate	<ol style="list-style-type: none"> 1. Ensure staff are supported and know who to contact for help (ensure Ask Connie initiative set up) 2. Staff aware of alcohol consumption and safeguarding code of conduct 3. Senior staff member allocated as chaperone responsibility to ensure staff protected. Ensure staff are travelling home safely 4. If event is hosted by Confed consider ways to avoid excessive consumption of alcohol.
Project highly contentious and likely to attract lots of social media noise, leading to staff potentially being targeted.	high	<ol style="list-style-type: none"> 1. Consider appropriateness of using staff names within project - and whether to anonymise. 2. Develop communications plan to support back-lash, including targeting of staff 3. Alert staff to possibility and provide reporting/support channel
staff member's personal circumstances expose to significant safeguarding risks	high	<ol style="list-style-type: none"> 1. Work with staff member and safeguarding lead to agree safeguarding action plan that might include adjustments at work, including a checking in mechanism each day, chaperone for travel, discussion around external 'exposure, working with other agencies
Staff member working/travelling alone to unknown area	Moderate	<ol style="list-style-type: none"> 1. Agree checking in mechanism and understand travel arrangements. 2. Consider area safety and whether lone travel should take place 3. Provide taxis/hotels and other travel arrangements as needed to support

		safety (may also include not travelling alone)
Staff member working with a vulnerable member of the public		<ol style="list-style-type: none"> 1. Provide safeguarding training and support. Staff member may also need additional DBS check. 2. Establish safeguarding plan around meeting with individual (see safeguarding policy and guidance)