

SAFEGUARDING VULNERABLE GROUPS POLICY FOR THE WHOLE UK



Policy Statement

YOURmedpack Ltd is committed to ensuring the safety and security of every vulnerable group in the community with whom its staff, contractors and temporary workers come into contact and as such we have in place stringent safeguards to protect the patients, service users, colleagues and clients with whom we work.

This policy also covers the practices and reporting procedures for our employees, contractors and temporary workers should they suspect that any form of abuse is taking place.

This policy is drawn from the guidance and requirements outlined in the following legislation:

- Rehabilitation of Offenders Act 1974.
- National Health Service & Community Care Act 1990.
- The Police Act 1997.
- Human Rights Act 2000.
- Adults with Incapacity (Scotland) Act 2000.
- Mental Health Care & Treatment (Scotland) Act 2003.
- Domestic Violence, Crime and Victims Act 2004.
- Mental Capacity Act 2005 and Deprivation of Liberty Standards.
- Safeguarding Vulnerable Groups Act 2006.
- Mental Health Act 2007.
- Adult Support & Protection Act (Scotland) 2007.

- Protection of Vulnerable Groups (Scotland) Act 2007.
- Equality Act 2010.
- Social Care & Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.
- The Care Act 2014.
- Children & Young People (Scotland) Act 2014.

It is also based on advice and guidance taken from a number of agencies including but not limited to the General Medical Council, Nursing & Midwifery Council and Health & Care Professionals Council, RQIA and Care Inspectorate.

The company's aim is to provide a service that enables children, vulnerable persons/adults at risk of harm to feel happy and secure and to allow parents, families and carers to feel confident that the people providing the services are trustworthy, responsible and will do everything they can to keep them safe from harm by ensuring:

- The status of all staff, contractors and temporary workers taking part in any regulated activity/regulated work is checked against the DBS register, PVG membership scheme or AccessNI procedure.
- We do not engage an employee, contractor or temporary worker to take part in regulated activity/regulated work if they are on any of the barred lists.
- We dismiss or remove any employee, contractor or temporary worker if they have harmed a vulnerable adult/adult at risk or harm or child or would have done so if they had not left. In such instances we will also inform the DBS/AccessNI, RQIA and Care Inspectorate (depending on the country they are working in).
- We conduct an enhanced DBS/PVG membership scheme/Access NI check (as appropriate for the country the person is to work in) for every employee, contractor or temporary worker taking part in a regulated activity/regulated work. This check must be carried out before the employee, contractor or temporary worker commences any regulated activity/regulated work and thereafter annually. Candidates will not be allowed to participate in regulated activity/regulated work without a valid enhanced DBS/AccessNI check. For candidates in Scotland, we will conduct rechecks of the PVG membership scheme on a monthly basis and also prior to any change of assignment or new placement.
- Employees, contractors and temporary workers are trained to understand the different types of abuse, the indicators for each of these and the procedures to follow in the event that they suspect such abuse is taking place.
- We consistently update training for employees, contractors and temporary workers to reflect statutory guidance and good practice guidance including where and how to report any concerns relating to suspected abuse or neglect.

- Where a patient, family member, friend or neighbour makes repeated allegations, each one is treated without prejudice and risk assessed. If appropriate, action is taken to protect staff and others from unfounded allegations.
- We assist participating authorities in meeting their obligations by reporting suspected risk or actual abuse or neglect where appropriate (within 24 hours of becoming aware of the situation) to the authority itself, the relevant regulatory body, the DBS (or Disclosure Scotland), AccessNI, and the Police if a criminal offence may have occurred.
- We consistently update training for employees, contractors and temporary workers to reflect statutory guidance and good practice guidance including where and how to report any concerns relating to suspected abuse or neglect.

YOURmedpack Ltd has a zero-tolerance approach to dealing with abuse and neglect.

Scope of the Policy

It is the duty of all employees, contractors and temporary workers to comply with this policy. All employees, contractors and temporary workers are made fully aware of this policy and of their duties and responsibilities under the above legislation as part of the company's induction programme and mandatory safeguarding training.

This policy applies to all children, vulnerable adults/adults at risk of harm regardless of sex; race (including colour, nationality, ethnic or national origin); religion or belief; age; disability; marital status and civil partnership; sexual orientation; gender reassignment; pregnancy and maternity.

Responsibilities

All employees have a responsibility to accept their personal involvement in applying this policy and must be familiar with it and ensure that it is followed by both themselves and employees and temporary workers for whom they have a responsibility.

Disciplinary action may be taken against any employee who acts in breach of this policy. Disciplinary action may include summary dismissal in the case of a serious breach of this policy or repeated breaches. In other cases, it may include a warning, oral or written. Such action will be taken in accordance with the Company's disciplinary procedure. For contractors or temporary workers on contract for services, the assignment may be terminated immediately, and the contractor or temporary worker may not be offered further work until the outcome of the enquiry has been completed.

Breaches of this policy may also result in the employee responsible being held personally liable if legal action is taken in relation to safeguarding issues.

Procedures

SAFE RECRUITMENT PROCEDURE

When recruiting staff, contractors or temporary workers to take part in regulated activities/regulated work involving children, vulnerable persons/adults at risk of harm, we will ensure the following:

- Candidates will be required to complete an application form which includes a declaration stating that there is no reason why they should be considered unsuitable to work with children, vulnerable persons/adults at risk of harm (including past disclosing disciplinary action, convictions, cautions, bind-overs, or pending cases) and that they have not been barred from carrying out regulated activity/regulated work.
- Interviews are conducted by trained staff who have received guidance in relation to current legislation and best practice pertaining to the recruitment and placement of candidates who are to take part in regulated activity or regulated work.
- The candidate's personal identity will be verified by checking an appropriate original form of recent photographic identification.
- Professional registrations will be checked with the relevant regulatory body and qualifications and training relevant to the role being recruited will be verified by checking original certificates and validating these for authenticity with the awarding body.
- A thorough biographical interview will take place to establish the candidate's employment history and identify any gaps in employment.
- A minimum of 2 written employment references will be obtained covering a minimum of the most recent 3 years employment (including the current or most recent employer) and verification will be sought for any gaps in candidate's employment history.
- All candidates will be checked against the adults and children's barred lists to confirm that they are not barred from participating in regulated activity/regulated work.
- An enhanced DBS check will be undertaken prior to commencement of regulated activity/regulated work and/or the DBS Register will be checked for candidates who have paid to be registered on the DBS Registration Service. Such candidates will also be required to provide the original of their enhanced DBS check for validation. As a company, we accept portability of DBS certificates and the enhanced DBS check will be renewed, or the register checked every year or if there has been a gap of more than 3 months between assignments. Candidates working in England and Wales will

not be allowed to participate in regulated activity/regulated work without a valid enhanced DBS check. For candidates in Scotland we will also check that the candidate has current membership of the PGV scheme, and this will be rechecked on a monthly basis. Candidates in Northern Ireland will be required to complete the AccessNI check procedure.

INFORMING CHILDREN/VULNERABLE PERSONS/ADULTS AT RISK OF HARM OF THEIR

Our services are provided on client premises (e.g. a hospital, care home etc), and we operate according to the policies and procedures of that institution/organisation. It is therefore expected that the child, vulnerable person/adult at risk of harm will have been informed of their rights by that institution/organisation and that institution/organisation will provide independent support and advice to the person concerned.

IDENTIFYING POTENTIAL ABUSE

Abuse is the violation of an individual's human rights and can take the form of a single act or repeated acts. The main types of abuse relating to children, vulnerable persons/adults at risk of harm includes:

- Physical.
- Domestic.
- Sexual.
- Emotional/psychological.
- Neglect.
- Financial.
- Modern slavery.
- Discriminatory.
- Organisational.
- Neglect or acts of omission.
- Self-neglect.

All staff, contractors and temporary workers are expected to look out for the common symptoms or indicators associated with the different types of abuse and neglect. The main types of abuse include:

Physical Abuse – The signs of this are often evidence, but can be hidden by both the victim and the abuser. Any unexplained injuries should always be fully investigated. Evidence to look out for includes:

- Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discolouration, black eyes, burns, bone fractures, broken bones and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.

- Poor skin condition or poor skin hygiene.
- Evidence of poisoning, drowning or smothering.
- Dehydration and/or malnourished without an illness-related cause.
- Loss of weight.
- Soiled clothing or bed.
- Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained.
- Inappropriate use of medication, overdosing or under-dosing.
- A person telling you they have been hit, slapped, kicked or mistreated.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

Sexual Abuse – Very often the behaviour of a person, even when they are confused will tell you that something is wrong. Even with dementia, people can often make their feelings known to you if you take the time to listen, observe and take notice. It is the capacity to believe that sexual abuse is possible, (without automatically seeing it everywhere), that will increase the potential to detect and respond to it when it happens. Some physical signs to watch for are:

- Bruises around the breasts or genital area.
- Unexplained STDs.
- Unexplained vaginal or anal bleeding.
- Difficulty in walking or standing.
- Marked changes in behaviour.
- Torn, stained or bloody underclothing.
- A person telling you they have been sexually assaulted or raped.

If you suspect sexual abuse, do NOT wash the person or their clothing. Do NOT let time drift by while you think about your course of action. Inform this immediately to the person in charge of the shift and they will refer the matter to the Police as they are the experts and will have the skills, knowledge and equipment to respond appropriately and sensitively.

Emotional/Psychological – This can have a profound impact on an individual's mental health. They can feel trapped, threatened, humiliated, used or a combination of all of these. The most common signs therefore relate to their mental state and changes in behaviour such as:

- Helplessness.
- Hesitation to talk openly.
- Implausible stories.

- Confusion or disorientation.
- Anger without apparent cause.
- Sudden changes in behaviour.
- Emotionally upset or agitated.
- Unusual behaviour (sucking, biting, rocking etc).
- Unexplained fear.
- Denial of a situation.
- Extremely withdrawn and non-communicative or non-responsive.
- A person telling you they are being verbally or emotionally abused.

Neglect - This will often be manifested in the physical, social or health circumstances of the person. Examples may include:

- Dirt, faecal or urine smell, or other health and safety hazards in person's living environment.
- Rashes, sores, or lice.
- Inadequate clothing.
- Malnourishment or dehydration.
- Untreated medical conditions.
- Poor personal hygiene.
- Evidence of the withholding of medication or over-medication of the person.
- Evidence of a lack of assistance with eating and drinking.
- Unsanitary and unclean conditions.

In considering neglect it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a person's circumstances and condition. It should also be remembered that neglect can be intentional or passive (i.e. where the 'perpetrator' is doing his/her best but cannot provide the level of care and support that is needed). From the perspective of the 'victim' the impact is the same, and they experience abuse. Where abuse is intentional it is likely that the following signs will be apparent as the abuser may:

- Try to prevent the person from speaking for themselves or seeing others without them being present.
- Display attitudes of indifference or anger toward the person, or the obvious absence of assistance.
- Blame the person (e.g. accusation that incontinence is a deliberate act).
- Display aggressive behaviour (threats, insults, harassment) toward the person.
- Have a previous history of abuse of others.

- Display inappropriate affection toward the person.
- Display flirtatious behaviour, or coyness, etc that might be possible indicators of inappropriate sexual relationships.
- Create social isolation of the family, or isolation or restriction of activity of the person.
- Create conflicting accounts of incidents by family, supporters, or the person.
- Display inappropriate or unwarranted defensiveness.

Financial Abuse – Common signs may include:

- Signatures on cheques etc that do not resemble the person's signature or signed when the person cannot write.
- Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the older person.
- The inclusion of additional names on an older person's bank account.
- Abrupt changes to, or the sudden establishment of, wills.
- The sudden appearance of previously uninvolved relatives claiming their rights to a person's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills.
- Unusual concern by someone that an excessive amount of money is being expended on the care person's care.
- Lack of amenities, such as TV, personal grooming items, appropriate clothing, that the person should be able to afford.
- The unexplained disappearance of funds or valuable possessions such as art, silver or jewellery.
- Deliberate isolation of a person from friends and family, resulting in one particular individual having total control.

Discrimination - Bullying, racism and other types of discrimination are forms of abuse. Like other kinds of abuse, they can harm a person physically and emotionally.

Modern Slavery - Slavery is called a hidden crime because it can be difficult to identify a victim. Some common signs include where the person:

- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid.
- Exhibits unusually fearful or anxious behaviour.
- Appears withdrawn/struggles to interact.

- Avoids eye contact.
- Is reluctant to seek help.
- Lacks health care/dental care.
- Appears malnourished.
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.
- Is not allowed to travel on their own.
- Seems under the control of others (including money/documentation).
- Has few or no personal possessions.
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating).

All staff, contractors and temporary workers are expected to look out for the common symptoms or indicators associated with the different types of abuse and neglect. There is no way to identify someone who will hurt a child or vulnerable person/adult at risk of harm. People who pose a threat can be skilled at making sure no one knows. There are warning signs, however, so look out for someone who:

- Pays an unusual amount of attention to a vulnerable person/adult at risk of harm, child or groups of children, and provides presents, money, or favours.
- Seeks out vulnerable people/adults at risk of harm or children, for example, deaf or disabled children and tries to spend time alone with a single vulnerable person/adult at risk of harm or child or particular group of children on a regular basis.
- Takes a vulnerable person/adult at risk of harm, child or small group of children to places where the group does not usually meet or have activities, such as at their home.
- Is vague about where they have worked or when they were employed.
- Avoids co-working or supervision of his or her work.
- Encourages secretiveness about his or her activities with vulnerable people or children.
- Talks or behaves inappropriately towards vulnerable people/adults at risk of harm or children.

SAFEGUARDS & ARRANGEMENTS TO ENSURE STAFF ARE AWARE OF THE ISSUES AND PROCESSES

YOURmedpack Ltd requires employees, contractors and temporary workers to follow all the instructions, guidance, policies and procedures provided by the participating authority. Induction training will also be provided to all employees and temporary workers engaged to undertake regulated activity with children/vulnerable persons/adults at risk of harm including but not limited to:

- Training in relation to safeguarding and reporting of alleged or suspected abuse/harmful behaviour.
- Risk management to prevent abuse/harmful behaviour.
- Actions to be taken in the event of alleged or suspected abuse.
- The company's Complaints procedure.
- The company's Whistleblowing policy.
- Current legislation and best practice.

All employees, contractors and temporary workers will be appropriately supervised.

CONFIDENTIALITY & RECORD KEEPING

In most cases, confidentiality will mean that information relating to alleged or suspected abuse is only passed onto others with the consent of the individual concerned, however it should be recognised that in order to protect children and vulnerable persons/adults at risk of harm it may be necessary to share information that might normally be regarded as confidential in order to investigate an alleged or suspected offence, particularly if the individual/individuals are in serious danger or are incapable of making an informed decision.

All staff, contractors and temporary workers will receive training in this area prior to commencing the job/their first assignment.

England, Wales & Northern Ireland

Definitions

VULNERABLE PERSON

The definition of a vulnerable person is somebody aged 18 or over and who has needs for care and support; and is experiencing or is at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

CHILD

A person who has not yet reached their 18th birthday.

REGULATED ACTIVITY

An individual is engaged in regulated activity if they are providing any of the following activities as part of their role:

- Healthcare.
- Personal care.
- Social work.
- Assistance with cash, bills or shopping.
- Assistance with the conduct of their own affairs.
- Conveying services.

In addition, regulated activity also includes where an individual is providing “unsupervised” teaching, training, supervision, caring for or supervision of vulnerable persons where these activities are undertaken frequently. Frequently is determined as:

- Once a month or more.
- Three or more days in any 30-day period.
- Overnight between the hours of 2am and 6am.

RELEVANT CONDUCT

Relevant conduct is an action or inaction that has harmed or placed a vulnerable person at risk of harm. Relevant conduct in relation to vulnerable persons is conduct which:

- Endangers a child or is likely to endanger a vulnerable person.
- If repeated against or in relation to a vulnerable person, would endanger the person or would be likely to endanger them.
- Involves sexual material relating to children (including possession of such material).

- Involves sexually explicit images depicting violence against a person (including possession of such images), if it appears to DBS that the conduct is inappropriate.
- Is of a sexual nature involving a vulnerable person, if it appears to DBS that the conduct is inappropriate.

Specific examples of relevant conduct include (but are not limited to):

- Psychological/emotional harm caused by an action or inaction that causes mental anguish.
- Financial harm usually associated with the misuse of money, valuables or property.
- Physical harm caused by any physical action or inaction that results in discomfort, pain or injury.
- Sexual harm such as coercion or force to take part in sexual acts.
- Neglect caused by failure to identify and/or meet care needs.
- Verbal harm which includes any remark or comment that causes distress.

HARM

All forms of ill-treatment and impairment of, or an avoidable deterioration in physical or mental health and impairment of physical, intellectual, emotional, social or behavioural development.

HARM TEST

To satisfy the harm test there needs to be credible evidence of a risk of harm such as statements made by an individual regarding conduct/behaviour, etc. For a case to be considered as a risk of harm, relevant conduct would not have occurred but there must be tangible evidence rather than just a “feeling” that someone represents a risk.

REPORTING & RESPONSE TO SUSPECTED, ALLEGED OR CONFIRMED CASES OF ABUSE

All suspected, alleged or actual incidents of abuse must be reported to the nurse in charge of the shift.

It is important to make a written record of what you have seen, been told or have concerns about (as soon as possible on the same day). This report should include:

- The date and time when the disclosure was made, or when you were told about/witnessed the incidents.
- Who was involved, any other witnesses including service users and other staff.
- Exactly what happened or what were you told, in the persons own words keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the vulnerable person.

- The appearance and behaviour of the vulnerable person and/or the person making the disclosure.
- Any injuries observed.
- Any actions and decisions to this point.
- Any other relevant information, e.g. previous incidents that have caused you concern.

This information will assist the client and/or regulatory bodies when conducting their investigations into suspected, alleged or actual abuse. All written records including the initial allegations, evidence, investigations and outcome will be retained by YOURmedpack Ltd.

Please note that you should always follow the Safeguarding Policy where you are placed to work and if you are unsure where to find this, please contact the nurse in charge of the shift. Any employee, contractor, temporary worker, family member, carer, healthcare professional or any other individual with concerns about possible abuse should report the matter to the nurse in charge of the shift. Where it is suspected that such abuse may be caused by another staff member, then reporting the matter will be done in accordance with our or the client's Whistleblowing Policy.

We expect our employees, contractors and temporary workers to take all possible steps to co-operate with investigations by any statutory bodies such as the participating authority, CQC Investigating Inspectors, RQIA, relevant regulatory body (e.g. GMC/NMC), DBS, AccessNI, Disclosure Scotland and the Police if involved.

Scotland

Definitions

ADULT AT RISK OF HARM

The Adult Support and Protection Act 2007 defines adults at risk as those aged 16 years or over who:

- Are unable to safeguard their own wellbeing, property, rights or other interests;
- And are at risk of harm;
- And because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

CHILD

The Children's Hearings (Scotland) Act 2011 contains the current provisions relating to the operation of the Children's Hearings system and child protection orders.

Section 199 states that, for the purposes of this Act, a child means a person under 16 years of age;

- However, this section also provides some exceptions to that general rule. Subsection (2) provides that for the purposes of referrals under section 67(2)(o) (failure to attend school), references in the Act to a child include references to a person who is school age. "School age" has the meaning given in section 31 of the Education (Scotland) Act 1980.
- Additionally, children who turn 16 during the period between when they are referred to the Reporter and a decision being taken in respect of the referral, are also regarded as "children" under the Act. Children who are subject to compulsory measures of supervision under the Act on or after their 16th birthday are also treated as children until they reach the age of 18, or the order is terminated (whichever event occurs first).
- Where a sheriff remits a case to the Principal Reporter under section 49(7)(b) of the Criminal Procedure (Scotland) Act 1995, then the person is treated as a child until the referral is discharged, any compulsory supervision order made is terminated, or the child turns 18.

MENTAL HEALTH CARE AND TREATMENT (SCOTLAND) ACT 2003

- Applies to people who have a mental illness, learning disability, or related condition. The Act calls this mental disorder.
- Most of the time, when people become unwell, they understand that they need treatment. But sometimes people are unable, or unwilling, to agree to treatment. The Mental Health Act sets out:
 - When and how people can be treated if they have a mental disorder.
 - When people can be treated or taken into hospital against their will.
 - What a person's rights are, and the safeguards which ensure that these rights are protected.
- In June 2017 changes were made to the existing Act and can be found at: https://www.mwscot.org.uk/media/376776/guidance_for_mental_health_professionals_on_changes_to_the_mental_health_act.pdf

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

The Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability, dementia or a related condition, or an inability to communicate.

All our candidates are issued with a copy of the following good practice guide prior to deployment in Scotland:

https://www.mwcscot.org.uk/media/339351/awi_in_general_hospitals_and_care_homes.pdf

REGULATED WORK

Regulated work (as defined by Schedules 2 and 3 of the Protection of Vulnerable Groups (Scotland) Act 2007) is usually jobs including:

- Caring responsibilities.
- Teaching or supervising children and/or adult at risk of harm.
- Providing personal services to children and/or adult at risk of harm.
- Having unsupervised contact with children and/or adult at risk of harm.

HARMFUL BEHAVIOUR THAT SHOULD BE REFERRED

The following are examples of harmful behaviour which should be referred:

- Harming a child or adult at risk of harm.
- Placing a child or adult at risk of harm.
- Inappropriate behaviour involving pornography.
- Inappropriate behaviour of a sexual nature involving a child or adult at risk of harm.
- Giving inappropriate medical treatment to a child or adult at risk of harm.

TYPES OF HARM

There are a number of different ways 'harm' can be defined. It is also important to bear in mind that people can cause a risk of harm without actually doing anything directly. Examples of harm include:

- Physical harm (like inappropriate physical restraint or assault).
- Psychological harm (like emotional abuse or placing an individual in a state of fear, alarm or distress).
- Damage to property, rights or interests, such as theft, fraud, embezzlement or extortion.

Examples of behaviour which lead to a risk of harm include:

- Attempting to harm (even if they do not succeed).
- Trying to make someone else cause harm.
- Encouraging someone to self-harm.

- Reckless behaviour or incompetence that may cause someone to be harmed as a result, even if they did not mean it to.

REPORTING & RESPONSE TO SUSPECTED, ALLEGED OR CONFIRMED CASES OF ABUSE

We are legally obliged in certain circumstances (known as referral grounds) to submit referrals on individuals to Disclosure Scotland as contained within section 9 of the Protection of Vulnerable Groups (Scotland) Act 2007. The obligation to refer to Disclosure Scotland exists irrespective of involvement of other agencies (e.g. police, NMC, local authorities etc). We will follow the local area protection and interagency guidelines.

We will always refer if we become aware that an individual has:

- Harmed a child or adult at risk of harm (see “types of harm” defined previously).
- Placed a child or adult at risk of harm at risk of harm (which may include behaviour of incompetence that may cause someone to be harmed, even if this is unintentional and/or harm does not actually occur).
- Been involved in inappropriate behaviour involving pornography.
- Been involved in inappropriate behaviour of a sexual nature involving a child or adult at risk of harm.
- Given inappropriate medical treatment to a child or adult at risk of harm.

This list is not exhaustive, and the conduct does not need to have happened in the workplace but must be something that we become aware of that subsequently leads to:

- Dismissal as a result.
- The person involved would have been dismissed but left before they could be (including resignation, withdrawing contact with us or after starting but not concluding a disciplinary process or if the individual’s probation or fixed term contract was not extended because of the conduct.
- Was transferred permanently (i.e. not just while under investigation) from regulated work with children/adult at risk of harm to a role within the organisation that does not involve regulated work with these groups.

Staff have the following responsibilities:

Job Title	Reporting/Referral Responsibility	Timescale
Directors	Support the Business Development Manager with investigation into allegations of harmful behaviour.	Within 3 months of the date of the decision to remove the individual from regulated work or the

	<p>Complete the referral process to Disclosure Scotland.</p> <p>Report any adult protection concerns to the Care Inspectorate.</p>	<p>date that they would have been permanently removed had they not otherwise left. *</p>
<p>Business Development Manager</p>	<p>Check with the clinician/care worker in charge of the relevant setting that the matter has been reported to the relevant Local Authority and or Police.</p> <p>Investigate and record allegations of harmful behaviour and decide whether to suspend (pending further investigation), transfer permanently or dismiss the healthcare professionals involved.</p> <p>Report any harmful behaviour that might affect whether the person is allowed to work with children or adult at risk of harm to the clinician/care worker in charge of the relevant setting, who should take steps to report the matter to the relevant Local Authority and or Police, if there is a reason to believe that a crime has been committed.</p> <p>Where a contractor or temporary worker has reported an adult or child protection concern, they must also report the concern to our Business Development Manager/ Care worker. The Business Development Manager will take steps to make sure that an appropriate referral has been made by the placement and if no referral has been made the agency should make the referral directly.</p>	<p>Immediately</p>
<p>Production Support</p>	<p>Report any harmful behaviour that might affect whether the person is allowed to work with children or adult at risk of harm to the Business Development Manager.</p>	<p>Immediately</p>

<p>Production Support/Account Managers</p>	<p>Report any harmful behaviour that might affect whether the person is allowed to work with children or adult at risk of harm to the Clinician/Care Worker in Charge/Safeguarding Lead of the setting they are working in and our Business Development Manager.</p> <p>Our healthcare professionals must ensure that, following this report, the Clinician in Charge/ Safeguarding Lead informs the Local Authority where the person is currently living. They then have a duty to inquire into adult protection where it is believed that measures of protection may be required.</p> <p>If there is a belief that crime may have been committed, then the police must also be informed- this can be done either by the Clinician in Charge/ Safeguarding Lead or agency staff.</p> <p>Thus, each placement must make an appropriate adult protection referral although the healthcare professional can report the concern directly to the Local Authority.</p>	<p>Immediately</p>
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*Even if the individual appeals against one of the above decisions, the three-month period begins on the date of the original decision.

The referral will take place irrespective of whether the regulated work is being carried out for us or for another organisation, however it must be in relation to the group that the individual is in regulated work with (e.g. if the regulated work is only in relation to adult at risk of harm and the issue relates to assaulting a child, it is not possible under current legislation to refer that individual to Disclosure Scotland).

We will also make a referral if we believe that a person who is doing or has done regulated work has been involved in harmful behaviour and based on this, we have decided not to place them in regulated work.

Notifiable Events

There are a number of incidents/ events that recruitment agencies must report directly to the Care Inspectorate. Specifically pertaining to safeguarding YOURmedpack Ltd will follow the following protocols:

Circumstances	Services Covered	Information Required	Timescale
Allegation of abuse in relation to a person using a service.	All services	Report all allegations of abuse (as defined in adult support and protection and child protection legislation) involving someone using a service, including: <ul style="list-style-type: none"> • details of occurrence. • persons involved (initials only). • actions taken. 	Report immediately
Adverse event involving a schedule 2, 3, 4, 5 controlled drug	All services	<ul style="list-style-type: none"> • Prescribing or dispensing error e.g. by the pharmacy or a doctor/dentist • Prescribed medication not available to be administered. • Person given wrong medication or dose. • Medication not recorded as given and no recorded explanation or justification. • Medication incident/error resulting in injury, referral to the police or Procurator Fiscal. • Medication incident/error requiring input or advice from healthcare professional, resulting in hospital admission, or considered as an adult or child protection matter. • Medication incident/error: “near miss” that could have led to injury of harm. • Medication missing or stolen. • Medication or controlled drug records falsified. 	Within 24 hours

		<ul style="list-style-type: none"> • Staff referred to professional registration body re: medicines management. • Staff left during or before investigation re: missing or stolen medication. • Staff left during or before investigation re: poor practice 	
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An exhaustive list of reportable events can be found at:

[http://www.careinspectorate.com/images/documents/2611/Records%20that%20all%20registered%20care%20services%20\(except%20childminding\)%20must%20keep%20and%20guidance%20on%20notification%20reporting%20\(V6\).pdf](http://www.careinspectorate.com/images/documents/2611/Records%20that%20all%20registered%20care%20services%20(except%20childminding)%20must%20keep%20and%20guidance%20on%20notification%20reporting%20(V6).pdf)

Referral Process

To make the referral, we will download the Employer Referral Form from the Disclosure Scotland website at <https://www.mygov.scot/pvg-employer-referral/>. The form requires the following information to be provided:

- Proof of the person's identity (name, address, date of birth, national insurance number).
- Details of the type of “regulated work” they are employed or engaged to do.
- The person's PVG scheme number.
- Information on the harmful behaviour.
- Details and documentation relevant to the employer's investigation and outcome.

The referral must not identify any children or protected adults by name (including victims and witnesses) and should use a coded reference (e.g. protected adult A, aged 47).

The completed Employer Referral Form should then be emailed to pucorrespondence@disclosurescotland.gsi.gov.uk or can be printed out and posted via recorded deliver to:

Disclosure Scotland PVG Referrals
 PO Box 7412
 Glasgow
 G51 9DX

Contents should be double bagged with the innermost bag being marked “Restricted – to be opened by authorised staff in Disclosure Scotland only”.

Disclosure Scotland's Protection Unity and Customer Engagement Team will provide advice on whether a specific situation means a referral should be submitted. They can be contacted on 0300 0200 040.

NHS Scotland Boards and NHS Special Boards

NHS Scotland consists of 14 regional NHS Boards which are responsible for the protection and improvement of their population's health and for the delivery of frontline healthcare services and 7 Special NHS Boards and 1 public health body who support the regional NHS Boards by providing a range of important specialist and national services. We will also follow their advice, best practice and interagency guidelines. Contact details for each of these can be found by clicking the relevant link on: <http://www.scot.nhs.uk/organisations/>.

1. NHS Ayrshire & Arran
2. NHS Borders
3. NHS Dumfries & Galloway
4. NHS Fife
5. NHS Forth Valley
6. NHS Grampian
7. NHS Greater Glasgow & Clyde
8. NHS Highland
9. NHS Lanarkshire
10. NHS Lothian
11. NHS Orkney
12. NHS Shetland
13. NHS Tayside
14. NHS Western Isles

Special NHS Boards:

[NHS Education for Scotland](#)

Quality Education for a Healthier Scotland.

[NHS Health Scotland](#)

Promoting ways to improve the health of the population and reduce health inequalities.

[NHS National Waiting Times Centre](#)

Ensuring prompt access to first-class treatment.

[NHS24](#)

Providing health advice and information.

Scottish Ambulance Service

Responding to almost 600,000 accident and emergency calls and taking 1.6 million patients to and from hospital each year.

The State Hospitals Board for Scotland

Providing assessment, treatment and care in conditions of special security for individuals with a mental disorder whom because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting.

NHS National Services Scotland

Supplying essential services including health protection, blood transfusion and information.

Health Body:

Healthcare Improvement Scotland

Supporting the delivery of high quality, evidence-based care and scrutinising services to provide public assurance about the quality and safety of healthcare.

Review

This policy will be reviewed regularly and may be altered from time to time in light of legislative changes or other prevailing circumstances.

