The NHS Confederation

Charity number 1090329

Company number 04358614

Safeguarding: Preventing and responding to abuse, harm and harassment

Owner of policy	Director of People & Governance
Date of policy review	December 2024
Date of next review	December 2025
Approved by CEO	N/A
Agreed with Joint Negotiating Committee	December 2024
Reviewed by Audit & Risk Committee	November 2024
Approved by Board of Trustees	December 2024

Contents

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
2	December 2024	Updated to take account of new Duty on Sexual Harassment Refined and restructured guidance Added clarity around reporting

1. Introduction

1.1 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.

1.2 Scope

This policy applies to everyone working at or with the NHS Confederation[1]. It applies to:

- all staff, including directors and employees (whether permanent, fixed term or temporary), seconded staff, 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 Fairness and Respect 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.

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[1] Collectively referred to as workers in this policy

2.   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 will work to create a culture where people feel safe to talk about and report concerns of abuse, harm or harassment. 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 provide guidance and support to 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 communicate consistently about our values and expectations for behaviour and what actions may be taken when these are not met. We will ensure everyone understands what abuse, harm and harassment of all kinds 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, harm and harassment taking place within the organisation and to ensuring that all those involved within our organisation will be treated with respect. We will also use reports or concerns to prevent events from happening again and to understand and prevent potential emerging patterns and future safeguarding risks.

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

In responding to a concern, 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.

Our mitigations for preventing abuse, harm and harassment will be appropriate and proportionate to the risks identified as part of our risk assessment processes.

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, harm and harassment.

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, harm and harassment 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.

3. 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 abuse, harm and harassment. 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. They are responsible for the overall culture and approach to preventing abuse, harm and harassment of staff and anyone who comes into contact with the organisation.

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 abuse, harm or harassment at work and are not put in a situation where they might be exposed to safeguarding risks. **Group Executive and team leaders/managers** must role model behaviours to create a culture where people feel safe and feel able to raise concerns safely.

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.

4. 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.   The review will take account of any staff feedback such as staff surveys, exit interviews and lessons learnt from any actual or prevented safeguarding incidents. It will also reflect on current and emerging best practice and legislation.

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

Guidance notes

Part 1: Introduction to Safeguarding

1.1 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
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. We also need to be mindful that at work we are not doing anything that could increase the risk to the individual.	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 Although we still need to be mindful of wider safeguarding risks, we think the main risks in this area relate to: • Harassment or inappropriate comments or behaviour at a meeting or event (including, but not exclusively sexual harassment) • Racism, bullying or other discriminatory behaviour, such as misogynism, sexism, transphobia etc.

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

1.2 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 as risk of suffering from) abuse harm, or harassment.

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.

<u>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.</u>

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.

1.3 Recognising harm, abuse or harassment

According to the <u>Ann Craft Trust</u>, abuse and harm can come in many forms – the following list is not exhaustive:

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 (see also Annex for further guidance)	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

	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. This could also include Deep Fake – where AI is used to create a false video, recording or photograph of the individual
Forced Marriage	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.
Mate Crime	A "mate crime" is when "vulnerable people are befriending 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.
Radicalisation	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.
Cuckooing	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.
Gaslighting	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

Anyone could be the subject of abuse, harm, or harassment 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, harm and harassment 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.

1.4 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 harm and harassment 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 or harassed. Look out for things such as change in behaviour or appears withdrawn or drops hints that something is not right. Whilst these signs may not always mean there's a safeguarding concern, they are clear signs that a colleague may need support.   It is everyone's duty to recognise these instances as potential indicators of a safeguarding concern and to protect our colleagues. Signs to be aware of include:

- Sudden changes in appearance such as sudden weight loss
- Sudden changes in behaviour, such as being more withdrawn, more emotional, new mood swings or aggressive behaviour, showing signs of fear or anxiety (especially around certain individuals)
- Sudden avoidance – avoiding meeting with certain individuals or avoiding participating in meetings (especially in person)
- Sudden low self-esteem
- Sudden reluctance to talk about a certain situation or people.

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 and having a conversation with the individual to check they're ok and there to listen. Iin 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, harm or harassment. 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 doing so.

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.

<u>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.</u>

If the individual at risk of or suffering harm, harassment 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, or indeed they may wish to talk to the Safeguarding lead alone.

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.

Reporting harassment or bullying within the Confederation

A lot of the safeguarding examples provided in this guidance are likely to be caused by external factors (indirect) outside of NHS Confederation's control but where we still have a duty to support and protect our staff. Internally (direct), safeguarding concerns that are a result of other staff or member behaviour is not only covered by our safeguarding approach but also wider HR policies such as Fairness and Respect or Grievance policies. Therefore, where there are accusations or concerns of bullying and harassment they can be reported in two ways:

- Under this safeguarding policy to the Designated Safeguarding lead
- Directly to the Line Manager or People and Culture Team under the Fairness and Respect or Grievance Policy

Often in cases of bullying and harassment both policies will be enacted: From as safeguarding point of view we want to ensure the individuals affected are made safe and further bullying and harassment is prevented for those individuals and the wider organisation. The Fairness and Respect Policy and Grievance Policy and process will then deal with the incident that has happened and take out appropriate action against the individuals if they have been found to cause the bullying and harassment, whether this is disciplinary action or providing further training and support to alter their behaviour. **Please see Everyday Safeguarding section for more information about bullying and harassment.**

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.

Whilst it's always better to speak to someone so you can be given the right support and we can take appropriate action, we know it is sometimes difficult to speak up. If you feel unable to talk or contact someone we have an anonymous form 'Tell Connie'. This form can also be used for those moments when you're not sure it's an issue but want to flag something up to help the organisation build a picture of an emerging risk. Tell Connie can be found on The Oracle.

Part 2: Everyday Safeguarding at NHS Confederation

2.1 Introduction to Everyday Safeguarding

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, including sexual harassment, or inappropriate comments at a meeting or event
2. Racism, bullying or other discriminatory behaviour, such as misogynism, 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 and commercial partners – 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
5. Reporting criminal acts to the police

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,

2.2 Everyday Safeguarding In practice – keeping our staff and members safe

Our everyday safeguarding approach also focusses very much around prevention. This involves both setting the right tone and culture within each and every team. This involves strongly promoting and living our values every day and ensuring we are creating a safe environment for everyone – that also includes psychological safety for staff to raise concerns or speak up about potential risks.

Key tips for safeguarding you can adopt might include:

- Talking in your teams about the importance of everyday safeguarding and setting the tone for living our values and creating an inclusive safe space; being transparent (where possible, whilst observing confidentiality) about incidents of safeguarding and the impacts; challenging and calling out inappropriate comments or behaviours, even if it's just 'banter' (see annex 5)
- Remind everyone of the safeguarding code of conduct.
- Consider the main safeguarding risks to you and your team and where appropriate complete the necessary risk assessments to support preventative measures
- In risk assessments prior to events, consider safeguarding risks, such as late nights, alcohol, difficulties with transport. Discuss these as a team.
- 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.

2.3 Understanding and Preventing Harassment

2.3.1 What is Harassment?

Harassment is unwanted behaviour that can violate your dignity, or create a degrading, humiliating, hostile, intimidating or offensive environment for you to work in. You don't need to have previously objected to it. Harassment can take many forms, some more obvious than others.   You don't need to have previously objected to it. Below are just some examples:

1. Discriminatory harassment: where harassment is directed at someone because of their protected characteristics. It can include many different types of harassment listed below but where the intent is thought to be specifically connected to a protected characteristic.

2. Personal harassment: harassment directed at an individual that might include offensive jokes, inappropriate comments, personal humiliation and intimidation tactics.

3. Physical harassment or workplace violence: this can include threats of physical attacks, actual physical attacks and assault.

4. Power harassment: where a member of staff inappropriately exerts their power over (often, but not always, a more junior) another member of staff

5. Psychological harassment: sometimes known as emotional bullying this is a form of behaviour that involves repeated hostile and unwanted words, behaviours or actions that are painful or humiliating. This is behaviour that occurs repeatedly and systematically and is intended to attach or demean a person, isolate them, exclude or gradually force out of the workplace. It is usually a combination of events when often considered individually may appear harmless but through their repetition have a destructive effect.

6. Sexual harassment: involving the use of explicit or implicit sexual overtones such as invading personal space in a sexual way; inappropriate sexual gestures; inappropriate sexual touching; sexual comments; jokes and inappropriate questions, sharing sexual or explicit content and photos.

Harassment is not acceptable in any forms and NHS Confederation is committed to preventing harassment and harm to all staff, as set out in the Safeguarding Policy. If you experience or witness harassment please call it out and report it.

2.3.2 Banter

Banter can often be considered a harmless part of the workplace. However, it can also cause offence. What might be light-hearted fun for one person could be interpreted by

another as offensive, bullying, discrimination or harassment. The term banter is often used externally in legal cases to deny acts of bullying, discrimination or harassment but often case law has shown that this is never an acceptable defence.

Team leaders are encouraged to set the tone for what is acceptable, working closely to our organisational values at all times. Friendly conversations are always encouraged but staff should always be clear on the line between friendly conversations and comments that might be offensive. It is important that the tone of conversations always remain inclusive and respectful and support a workplace that is safe. Team leaders should also ensure that their team members feel safe to speak up and challenge any behaviour or banter that might be or become offensive.

2.3.3 Sexual Harassment

NHS Confederation has additional legal responsibilities regarding preventing sexual harassment.   It does this through:

- Ensuring appropriate **policies and procedures** are in place, such as this safeguarding policy and safeguarding code of conduct, fairness and respect policy.

- Identifying the **risks** for sexual harassment across the workplace and delivering action plans against to eliminate or reduce risks.

- Ensuring all staff are appropriately **trained** and aware of harassment in the workplace, understand what acceptable behaviour is, how to report concerns and call out behaviour, and their role in preventing harassment in the workplace.

- Ensuring managers are supported to promote good inclusive team behaviours, and take every conversation and report about sexual harassment seriously; and to role model behaviours to create a culture where people feel sae

- Having clear **reporting channels** for staff who can speak informally or formally their line manager, the designated safeguarding lead (Director of People and Governance) and gain support from a Speak Up Champion.   There is also an anonymous **reporting** system for individuals (Tell Connie) for staff to raise a concern if they feel unable to follow the reporting channels.

- All allegations are **investigated** promptly fairly and thoroughly in accordance with our grievance procedure if it if an internal allegation. Where it is an allegation of harassment from an individual from outside the organisation, such as a customer, member or partner then we will take appropriate action including excluding them from participating in the NHS Confederation and escalating it via their organisation.

- **Monitoring** through feedback in exit interviews, staff surveys and complaints made and through close liaison with our staff networks, speak up champions and mental health first aiders.

2.3.4 Harassment by a third party

NHS Confederation does not tolerate harassment or abuse at all from any third party. It has a Charter which sets out our expectations of third parties we work with, linked to our values. This is published on our website and staff are encouraged to sign post all third parties to this.

2.4 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, harm and harassment.
- 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 and prevention of abuse, harm and harassment 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, harassment 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.

In addition, staff recognise that many roles come with perceptions of power or create power imbalances within teams. Staff will be mindful of power imbalances in their interactions and ensure that all team members feel valued, heard, and respected.

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 their 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 out personal social media (e.g., WhatsApp) details to adults at risk, young people, or children to whom they 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:
  - o 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
  - o 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
  - o consider the possibility of chaperones when working with adults at risk, young people, or children
  - o consider anyone who might accidentally come into the meeting, or be visible without consent

Part 3: Working and supporting Adults at Risk and children and young people

3.1 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.

3.2 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.

3.3 Young People and Adults at Risk: Apprenticeship and Work Experience Safeguarding Guidance

3.3.1 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.

3.3.2 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.

3.3.3 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.

3.3.4 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.

3.4.5 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.

3.4.6 Checklist for Work-experience and Apprenticeships

	Work experience		Apprenticeship	
	Needed?	Date complete	Needed?	Date complete
Confed Safeguarding Risk Assessment completed	✓		If under 18 years old	
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	✓		✓	

3.4 Working with Service Users /adults at risk

3.4.1 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*.

3.4.2 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. In doing so, please ensure an appropriate safeguarding risk assessment has been completed by the host organisation. If they are conducting particular roles for Confed where the host is at arms-length, you may also need to complete a risk assessment (see risk assessment section for guidance)
- 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]

3.4.3 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.

3.4.4 Reporting a concern for service users

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.**

Safeguarding concern	Service user facing a health crisis
(as described by the Safeguarding policy)	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
Follow Safeguarding Policy and procedure including: Alert the Designated Safeguarding lead immediately	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).
The Designated Safeguarding Lead will follow the standard safeguarding reporting process and liaise with the sponsor Trust as appropriate	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.
NB If anyone is in immediate risk of danger or threat to life call 999 to talk to the Police	

Part 4: Safeguarding risk assessments

Project leads and Directors have a particular role to play in ensuring <u>all</u> 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. This is a key way to help the organisation and teams actively prevent abuse, harm and harassment. 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.

- Working with a young person or adult at risk (see part 3)

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

The organisation has a particular duty to prevent sexual harassment and therefore the Designated Safeguarding Lead maintains a risk assessment for this particular area that is reviewed by the Audit and Risk Committee annually.

When should a risk assessment be undertaken?

Start of project: Project lead or team leader to consider risks. These risks to include safeguarding (see Annex 3 for example and/or talk to Safeguarding lead) Safeguarding risks to be moderate-high?	→ No →	Separate risk assessment not needed but team urged to regularly review and understand safeguarding approach.
↓ Yes		
Complete Safeguarding risk assessment and send to designated safeguarding lead for review and completion.	→	Mitigations agreed and risk assessment regularly reviewed (appropriate review period agreed with safeguarding lead)

Annex 1 Flow chart of the process for reporting

If you suspect or observe abuse, harm or harassment 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

Recognise and respond

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

If the abuse or harassment is taking place and you feel your intervention would be welcome by the individual receiving the abuse, intervene in an appropriate way. If you can challenge or call out the behaviour in a way that would not increase the risk of harm, then do so.

Report

1. Speak with the Safeguarding Lead, currently the Director of People and Governance (NB if you feel unable to speak to the Director of People and Governance contact the trustee lead for safeguarding)

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

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.

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, harm and harassment happening wherever possible and evidence their efforts.

Incident that might not require external referral but requires action	Safeguarding Incident that will require reporting and/or support from eternal agencies
This might include incidents of internal harassment and discrimination or behaviour that goes against our values and expectations.	This might include serious abuse from outside of the organisation or serious internal incident requiring criminal investigation.
The Safeguarding Lead would normally follow the procedure set out in the Fairness and Respect Policy. This will also involve instigating measures to prevent further risk of abuse, harm or harassment.	An action plan may be created with the individual involved to prevent future risk of harm, abuse or harassment.
	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 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 Dignity and Respect 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 3 Raising Concerns – a guide for staff on different policies

Whistleblowing

Concern about the practices of the organisation or a department that might be dangerous, illegal or unethical

Report to your line manager

Or, if issue involves line manager and unable to report directly

Report to either: Your Director or Director of People & Governance. Or if unable to: Senior Independent Trustee or Chair of Audit & Risk Committee

Whistleblowing policy implemented

Fairness & Respect & Grievance

Concern made by a member(s) of staff on how they are being treated individually

Use Fairness and respect policy to seek informal resolution with individuals concerned

If resolution fails, or fails to be reached

Report to your line manager

Or, if issue involves line manager and unable to report directly

Report to either: Your line manager's manager or People & Culture team

Grievance policy implemented

Safeguarding

Concern that an individual may be at risk of abuse, harm or harassment

Report to Designated Safeguarding Lead (Dir of People & Governance

Or if individual at immediate risk of harm/danger to life call 999 first

Safeguarding policy implemented

Complaint

Dissatisfaction with service raised by an individual not employed by Confed

Reported to you

Or, if complaint is about you

Reported to your line manager

Whistleblowing policy implemented

In some cases (e.g. harassment and bullying) it is not uncommon for the safeguarding and grievance policy to be enacted side-by-side to ensure the individuals affected are kept safe and prevented from further harm while the grievance investigation addresses the offender's behaviour.

Not sure which policy to use? Then talk it through with your line manager, a Speak Up Champion or the People and Governance teams.

Annex 4 Safeguarding Summary infographic

If the incident involves a **child** → Report immediately to **designated safeguarding lead**

If anyone is in immediate danger or harm call 999 immediately

- If you can call it out safely, do so first.
- It also needs to be reported. Ideally the individual would talk to their line manager, People Team (in cases of bullying) or the designated safeguarding lead (for wider safeguarding concerns) – but they not feel safe to do so. In this case, contact the safeguarding lead

If the incident involves **adult**

Not all incidents will need an external referral, but we still always need to act through organisational policies.

Our Safeguarding Policy and Guidance contains lots of useful information on creating the right safeguarding culture, spotting safeguarding concerns, conducting risk assessments and working with adults and risk and young people. You can find the policy and guidance along with our safeguarding Code of Conduct for staff on **Oracle**.

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

Safeguarding concerns cover any forms of harm, harassment or abuse. It comes in many forms and include things like bullying, sexual harassment, discrimination, and physical abuse (and so much more)

If we spot it, we must act. Whilst we mainly work with adults, we must also be mindful that children may be involved, particularly if relating to a risk at home.

'Everyday Safeguarding' recognises that as well as being mindful and responsive to what people more commonly understand as safeguarding concerns such as abuse, we are more likely to encounter safeguarding issues in our day to day lives in the form of harassment (including sexual harassment), racism, bullying and other discriminatory behaviour such as misogynism, sexism and transphobia.

Our approach focusses very much on prevention. This involves setting the right tone and culture within each and every team and creating psychological safety for staff to raise concerns and speak up about potential risks. **We all have a part to play.**

What is it?

Types of safeguarding concerns

Our approach

Further guidance

What to do if you have a concern

Safeguarding: Preventing and responding to abuse, harm and harassment

Our Designated Safeguarding Lead is **Marie Pritchard** marie.pritchard@nhsconfed.org

Annex 5 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 *Please include details around likely dates, individuals, and likely impact*	**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 *Please include details around likely dates, individuals, and likely impact*	**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	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	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	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	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		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)

Annex 6 Additional Guidance for Managers

5.1 Promoting a Positive Culture

As a manager you have a key role in influencing the culture within your team. This begins with behaving in a way that lets your team see that you act and manage issues fairly and with compassion. Your ability to recognise inappropriate behaviour and act as early as possible is important. It can help support people to speak up.

This means you need to challenge behaviours that are inappropriate and be aware of situations that might be harassment or bullying. It may also involve identifying underlying tensions or information that suggests unreported events or behaviours within the team. The Fairness and Respect Policy provide information about having early informal conversations to reach solutions between colleagues.

It also means being alert to wider safeguarding risks that your team might be exposed to and ensuring appropriate measures are taken, such as issues around lone or late travel. Be also mindful to check in on your team members individually and staying alert to any issues outside of work that may be a safeguarding concern.

5.2 How to respond to a safeguarding report (concern of abuse, harm or harassment)

You have an important role in ensuring reports are made effectively and dealt with. Your openness, ability to listen and take actions will show that their concerns are taken seriously.

Try to remain calm and listen fully when someone reports a concern to you. This may have taken a lot of courage to raise with you and could be an emotional experience for them.

You should let them know you take their report seriously and you are there to help.

Discuss and agree what will happen next. It is important that you understand their needs and expectations and are clear with them about the actions you are going to take. This might be difficult if they are feeling emotional or anxious and it might help to follow up later to check understanding.

During the conversation, collect information about what happened and ensure they have time to discuss their views about what to do next, as it is important to respect their views as part of our commitment to making safeguarding personal. If there is a risk of harm then <u>never</u> commit to keeping all of what they've told you confidential as you will need to gain support from the Designated Safeguarding Lead to ensure they are kept safe.

If they are very upset, or they need more time to think about what to do, it might be helpful to give them some time and meet again at another time. Always check they have support and take actions to put support in place.

Talk to the Designated Safeguarding Lead (Director of People & Governance), Head of People and Culture or Head of Governance and Compliance about the next steps.

Equality Impact Assessment - Policies

The following guidance and checklist provide a framework for Equality Impact Assessments (EIA). It should be used when carrying out equality impact assessments (EIA) in relation to any new or revised policy. The checklist will help in considering the impact of the policy in relation to equality and diversity (E&D).

The Checklist is to be used for any new or revised policy, not just those that appear to have high relevance in relation to equality and diversity issues. Completion of the Checklist does not need to be a time-consuming or difficult process but should raise some important questions as you carry out the process.

Name of policy being assessed	Safeguarding
Policy Owner	Director of People & Governance
EIA completed by	Head of Governance & Compliance
Date Completed	3/12/24
Summary of purpose of the policy	Sets out Confed approach to Preventing and responding to abuse, harm and harassment
Who are the main stakeholders and what involvement and consultation have they had in the policy development. Include staff groups, trade unions and board committees as applicable.	All staff. EDI group Chairs involved in updating approach to Sexual Harassment and Policy is reviewed with JNC, Audit and Risk Committee before approval by Trustees
Who is affected by the policy	All staff, trustees, volunteers
What are the arrangements for monitoring and reviewing the actual impact of the policy	Annual Safeguarding report assesses impact of the policy

Please indicate against each of the following protected characteristics, what the impact of the policy would be and actions that will be / have been taken to mitigate any negative or adverse impact identified.

(Where the policy is found to have either a positive or negative impact on a particular group it will need to be reviewed or justified within the permits of the law.)

Protected Characteristics	Impact Y/N	Action(s) you will take to mitigate or remove the negative or adverse impact if identified?	Action Owner
Age *Consider impact on young people, older people etc.*	Y	Positive – provides guidance for supporting young people in the work place	
Disability *Consider people with physical disabilities, hidden disabilities, and neurodiversity.*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	
Gender Reassignment *Consider people undergoing or have undergone gender reassignment*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	
Pregnancy and Maternity *Consider those who are pregnant and those on pregnancy and parenthood leave. Consider those wishing to take parenthood leave*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	
Race / Ethnicity *Consider potential impact on people from different ethnic groups and nationalities.*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	
Religion or Belief *Consider people with different religious, faith, and non-beliefs*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	
Gender *Consider all genders.*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	

Sexual Orientation *Consider LGBTQ+ people.*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	
Marriage and Civil Partnership *Consider marriage and civil partnership in respect of the due regard to the need to eliminate unlawful discrimination in employment.*	Y	Positive - Supporting an inclusive environment free from abuse, harm or harassment	
Does the policy promote fairness and equal opportunities? Provide details.	Yes, the policies purpose is to create a safe and inclusive environment		
Manager Signature: AROSE		HR Review Signature:	
Date: 3/12/24		Date:	