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## Safeguarding Service Users from Abuse or Harm: Leadership and Management: In-depth

### Summary

This topic discusses how adult social care managers and leaders create a service culture that always keeps their service users and staff safe from all forms of abuse and harm, and how they should act when having to consider evidence that service users are being harmed, are at risk of being harmed or have been harmed because of abuse or neglect.

It discusses the systems and processes that they must have in place to keep their service users safe and well protected from abuse and neglect, and how it must work closely in partnership with local authority safeguarding teams and their care regulator.

This is one of three safeguarding topics. The others are:

- [Safeguarding Service Users from Abuse or Harm: The Policy Context](#)
- [Safeguarding Service Users from Abuse or Harm: Recognising and Reporting Signs of Abuse](#)

### Employers' Duties

- Produce and keep up to date policies and procedures on the safeguarding of service users from abuse.
- Appoint a safeguarding lead or designated person to act as the main point of contact for all safeguarding issues.
- Organise training at the different levels required, including management and leadership and mandatory staff training.
- Regularly review and update the training programme.
- Be thoroughly familiar with their local adults safeguarding authority procedures.
- Co-operate with other relevant local organisations on matters relating to abuse and protection, Recognising that safeguarding is everyone's responsibility.
- Be vigilant about the safeguarding of service users in the event of emergencies, including outbreaks of infectious illnesses such as Covid-19.
- Support people who want their concerns and suspicions of abuse and neglect properly addressed.
- Support staff who report actual or suspected abuse, including whistleblowers.

- Develop and implement safe staff recruitment policies and procedures.

## Employees' Duties

All care staff who have contact with service users should:

- understand their service's policies and procedures on safeguarding its service users from abuse/harm, particularly over identifying and reporting concerns and suspicions of abuse
- continue to receive training as required, and where recommended by the local area safeguarding adults' authority
- understand their legal requirements to put the interests of service users over all other interests when it is known or suspected that they are being abused, including abuse by carers or relatives
- understand the implications of any investigations into their own conduct concerning possible abuse of service users
- understand the implications of being found guilty of misconduct by causing harm or injury to service users or putting them at risk of being harmed or injured
- understand and apply all policies and procedures for emergencies, including outbreaks of infectious illnesses such as Covid-19.

## In Practice

### Good Governance — The Key to Effective Safeguarding

A well-led care service (as discussed in the [Safeguarding Service Users from Abuse or Harm: The Policy Context](#)) is one that will put the safeguarding of its services at the centre of everything that it does. As the CQC states in its KLOE, "By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture". An open and fair culture will assuredly enable everyone to share their concerns about others' safety and wellbeing.

Amongst the qualities to develop as part of an open and fair culture are:

- a clear commitment to equality, diversity and human rights and person-centred values
- matching policies and procedures that are well communicated and understood
- continuous checking that people are applying person-centred values in their care practices
- having leaders that are open, honest and fair in their work relationships, and who do things by consent rather than dictation

- building service users' confidence and trust in their carers
- creating opportunities for people to feed back their experiences and to express their ideas
- people being and feeling engaged and involved in the running of the service, in its learning, and in improving it
- having motivated staff who achieve high levels of job satisfaction because of the work culture being developed
- acting promptly, appropriately and proportionately to abusive and harmful behaviour and conduct if it occurs.

Safeguarding is more effective when thought about positively — being more about “dos” than “do nots”. Positive leadership and a well-led service will create a service culture that prevents people from being abused or at least minimises the risks of their being abused. Positive leadership is also about acting correctly and decisively when people are being abused and ill-treated in line with the care service's duty of care and its statutory responsibilities.

### **Organisational Abuse: What Might Happen in Poorly-led Care Services**

At the extreme end, a poorly-led service could show evidence of organisational abuse. NICE NG189 (2021) describes organisational or institutional abuse as being “distinct from other forms of abuse or neglect, because it is not directly caused by individual action or inaction” (p50). It suggests that organisation abuse is invariably a consequence of how the care service is managed and led and resourced. Each case of organisational abuse must be looked at on its own. In some cases the abuse might be well hidden to other insiders and outsiders, and in others, appearances might hide the abusive reality.

### **Applying a Human Rights Approach to Safeguarding**

Safeguarding thinking is based on a recognition and awareness of human rights, which can be both “positive” and “negative”.

Positive rights include the right to:

- life, liberty, peaceful enjoyment of possessions and education
- marry and find a family with respect shown for family life, home and correspondence or contact between family members and friends
- freedom of thought, conscience, religion, of expression, of assembly and association.

Negative rights include the right not to be:

- tortured, or treated in an inhuman or degrading way, or to be punished for something that is not against the law

- discriminated against
- be made subject to exploitation, coercion and control, slavery or forced labour.

The “positive rights outnumber the negative, and if these are actively promoted, there will be less need to attend to the negative. Safeguarding is therefore as much about promoting those positive rights (to life, liberty, freedom of thought and expression, etc) as it is about ensuring people’s negative rights (not to be abused or subject to discrimination etc) are also upheld.

Yet it is the negative rights that arguably feature more prominently in the laws and regulations governing the conduct of care services and in safeguarding practice.

## Positive Safeguarding

Care managers should consider the following.

1. By putting the person at the centre of your helping efforts and having staff do the same you give that person a voice to say what they need to be done and to raise any concerns about what is being done on their behalf.
2. If staff treat the people they are supporting as equals it removes the power differences that are known to be the cause of much abuse in care work.
3. If you encourage your service users and staff to express themselves they are more likely to relate better to one another and to discuss any differences openly – much abuse takes place behind closed doors from an inability to be open and honest with one another.
4. Supporting everyone to achieve their goals and potential as service users or staff will help them feel valued, less frustrated and angry — all triggers of abuse.
5. Making sure people have someone to turn to when needing help and encouraging people to look after one another, helps to create confidence in one another and bring concerns about a person’s treatment out into the open.
6. Everyone should be encouraged to champion each other’s human rights so that none are breached, therefore abuse should not arise.
7. Good communication, involving and consulting and keeping everyone connected should all help people to feel confident and safe.

## Protecting People’s Rights to Be Safe from Abuse and Neglect

Despite all best efforts to promote a positive culture, there will always be a risk of abuse occurring. For this reason and to comply with the laws and standards under which they operate care services must have a plan to deal with such events. The plan should include:

- a set of policies with matching procedures based on a “zero-tolerance” approach to any kind of abuse, including a “whistleblowing” policy and information on how to contact adult protection agencies
- a clear structure for managing concerns, suspicions, reports, allegations and evidence of abuse, which should include the appointment of a safeguarding lead or “designated person”
- development of systems and procedures for reporting, recording and reviewing cases and situations, where abuse or neglect has been suspected, alleged or found, and for auditing the records that must be kept
- a conscious acceptance across the service that safeguarding is everyone’s responsibility, which can be reflected, for example, in staff job descriptions
- accessible information to all service users and their representatives describing the service’s policy and how they can raise concerns or complaints about their care, support and treatment
- development of a shared understanding of what happens, internally and in relation to external agencies, once concerns, suspicions, allegations or evidence of abuse have been raised
- development of policies and methods to show how people will be supported throughout the process of an abuse enquiry and afterwards
- comprehensive staff training at different levels which is regularly updated, and the learning supported by supervision and appraisals
- close working relationships with local authority adult safeguarding/protection teams, and the police, where involved, including a thorough understanding of their procedures in responding to alerts and referrals
- awareness of the roles of other organisations involved such as commissioners, local authority monitoring teams and the care regulators
- developing means by which lessons can be learned from the experiences of people who have been abused while receiving a care service so that future incidents might be prevented or better dealt with. This might include people who have been subject, because of the severity of the abuse, and harm caused to formal inquiries and reviews (eg inquests and serious case reviews).

### Developing the Service’s Safeguarding Approach

To meet the Care Quality Commission (CQC) standards and regulations (and Wales and Scotland equivalents), care providers must have a zero tolerance approach to any form of abuse.

A zero tolerance approach has four stages.

1. Prevention: as far as is practicable, it is important to prevent abuse/harm from happening.
2. [Identification](#): where abuse/harm does occur, it should be identified and reported quickly.
3. [Action](#): once abuse/harm has been identified, the care service needs to take swift action to deal with incidents and ensure the safety of its service users.
4. [Planning](#): it is important to learn from incidents of abuse/harm to prevent their recurrence.

## Preventing Abuse/Harm

Care service managers have wide responsibilities for taking action to prevent abuse/harm.

- Recruitment procedures should make it possible to consider very carefully the background of anyone whose work will bring them into contact with service users.
- Staff training at all levels should deal with abuse/harm and protection.
- Staff working alone with service users should be supervised carefully.
- Any suspicion, evidence or reports of abuse/harm should be followed up promptly.
- Staff should be encouraged to watch for any evidence of abuse/harm and to report these immediately.
- A climate of openness should be created which allows for the passing on of any concerns whatever their source.
- Any person in the work setting who might be abusive of others should be observed carefully.
- Service users should be helped to avoid or counter abuse/harm where this is possible.
- Policies and procedures relating to abuse/harm should be widely publicised and kept up to date.

## The Need for Responsive Management

The care service must respond promptly to any concerns about abuse and neglect from whatever source, including people acting on behalf of the victim. If a staff member is an alleged perpetrator you will need to follow the service's disciplinary procedures.

Allegations can be forwarded by external agencies such as the CQC or the local safeguarding authority because someone has raised a concern with either directly, or the police in serious cases.

Care service involvement can come from any of several different entry points and for which preparations are needed.

Complaints about lack of personal care or neglect should also be addressed promptly but also might need a root and branch enquiry to find out and put right any underlying causes, which might be from lack of staff, inadequate supervision and training, lack of suitable equipment for safe moving and handling, etc.

The care service should always act to avoid any concern from becoming a more serious safeguarding matter.

## **Responsibilities of the Safeguarding Lead**

The safeguarding lead role provides a one-stop reference point to collect and deal with all safeguarding issues and to provide the main link with external bodies such as the local adult safeguarding/protection team and communications from and to the care regulator over any issues it receives.

In small care services the registered manager might prefer to be the safeguarding lead, or delegate it to a senior management team member. It could be made into a dedicated role in larger and more complex care service organisations or integrated into other specialist roles such as care coordinator in a domiciliary care service.

The chief responsibilities of a safeguarding lead could include:

- to “champion” good safeguarding practice in the service and to keep everyone well aware of its importance
- to ensure the service’s safeguarding policies and procedures are fit for purpose and are being fully implemented with monitoring, reviewing, staff supervision and training
- to provide a contact point for service users and people acting in their interests and staff, to hear about, listen to and address their concerns in line with the service’s policies about safeguarding matters
- to act as a contact point for people external to the service, including local authority adult safeguarding/protection workers to address issues arising from their perspective
- to gather or provide accessible information for service users and others on the home’s safeguarding commitments
- to identify training needs from their appraisals of the safeguarding processes in the service, and to contribute to developing the training provision
- to represent the care provider in its links with the relevant external agencies over safeguarding developments by corresponding with and attending multi-agency meetings, etc
- to ensure all required notifications are made to the care regulator
- to keep up to date with all national and local safeguarding policy developments and keep the service well informed of these.

## Managing Safeguarding Practice

### Initial Enquiries

In line with the NICE guideline NG189 (2021), all concerns, suspicions and reports of abuse and neglect by service users or their representatives should be made to the safeguarding lead/named person (unless of course reported directly to the safeguarding authority/care regulator).

The safeguarding lead/named person should then:

- ask the person at risk what they would like to happen next
- check that they have access to communication support
- explain the care service's responsibility to report the concerns to the local authority and how the matter will be dealt with
- check the wider situation in which the concern has been raised, for example, to see if there is anyone else at risk, if the concern is part of a pattern of abuse, or if a criminal offence has been committed
- check what relationship there is between the victim and abuse to see, for example, if any immediate action might be required to protect the person
- discuss with the local authority adult protection/safeguarding point of contact to check if a safeguarding referral should be made and/or refer the matter to the safeguarding team
- in the event of a referral, the local authority will decide if the referral meets the legal criteria for a safeguarding enquiry, and will inform the person and the care service of their decision
- in the event of the legal criteria not being met, the local authority might still recommend that the person receives additional support or further risk assessment, which will be recorded on their care plan.

### Further Enquiries

If a safeguarding enquiry is needed, the local authority will decide who needs to be informed or consulted, depending on the individual context. This might include:

- the service user
- their family and carers
- anyone holding lasting power of attorney for the resident
- the care service
- advocacy organisations



- GPs or other healthcare professionals
- the Care Quality Commission or other regulators
- any other relevant organisation to the enquiry

It will then set up an initial planning discussion about the safeguarding enquiry with relevant people, and involve staff (through the safeguarding lead) from the care service.

The local authority should appoint an enquiry lead to coordinate the work of the enquiry and act as a main point of contact and communicating with the service (through its safeguarding lead).

### Outcomes

If the enquiry finds that abuse has occurred and that there are risks of further abuse, the response is likely to be a protection plan reached and implemented with the agreement of all parties.

Each protection plan will require:

- active support from the care provider and staff
- involve continuous risk assessment and management
- regular review and auditing of the plans.

Some protection plans could be incorporated into a person's overall plan of care.

Risk assessments should focus on the specific risks that have caused the safeguarding concern: physical, sexual, financial, psychological, discriminatory or of neglect with corresponding plans for reducing and managing the identified risks.

Protection plans for people without mental capacity to agree to them could entail deprivation of liberty assessments and authorisation.

### Supporting Service Users as "Victims" During the Enquiry

The care provider's safeguarding lead/appointed support staff should:

- find out what the alleged victim wants from the process, which might require use of advocates or communication aids to establish their views
- involve the person (with the help of advocates and others close to the person) throughout the process, using every opportunity to check out their views and wishes and taking mental capacity into account
- make any reasonable adjustments needed to involve the person, in line with the Equality Act 2010
- check with the safeguarding team how it is including the person and their representatives in the process

- provide or arrange the person to have suitable practical and emotional support, including possible specialist support, at every stage of the enquiry and follow-up procedure
- check that other care staff involved are clear about how the person is being supported and how they should contribute to the person's support
- arrange support for others involved directly or indirectly in the procedures, including in some cases the alleged abuser
- ensure that the person making the complaint or allegation is not discriminated against because they have made allegations, which might affect other staff's attitudes and behaviour to them.

### Supporting Care Staff who might be Subject to the Abuse Enquiry

The care provider has a duty of care to any staff member against whom allegations have been made and which are still subject to enquiry. It should therefore be sensitive to the emotional effects and stress that allegations that possibly will result in suspension can have.

In line with NICE NG189 (2021) the care provider and managers should:

- ensure that the staff member is not victimised or subject to discriminatory behaviour
- offer or provide information on available practical and emotional support, including specialist support if required
- offer support to any colleagues who are distressed by the events, which also might have affected their morale
- nominate someone from the care service who is independent of the enquiry to keep in touch with them as a supportive measure
- plan carefully any return to work after suspension if agreed as an outcome of the enquiry
- offer guidance and support on return
- keep all staff informed of developments in the enquiry as far as this is possible in terms of confidentiality, etc
- discuss the lessons learned from any incident with staff so that they can improve their practice.

### Safeguarding Systems and Processes

#### Record Keeping

Good record keeping is vital. Care managers should check that:

- all actions taken to safeguard service users are fully recorded and shared between all who need to know
- recording is focused on promoting the safeguarded person's wellbeing
- all records are regularly reviewed and audited for their accuracy, quality and appropriateness
- staff feed into the record keeping by reporting promptly all concerns that might raise a safeguarding issue, including any changes in people's mood and behaviour.

There should be procedures with forms in place for reporting and recording all critical incidents, including complaints and for any signs or suspicions of a person suffering from abuse.

Diaries or logs can be used to develop timelines of the sequence of events that surrounds any allegations or suspicions of abuse or neglect.

The information might be used to assess the truth of any allegations or suspicions or as contributions to any formal safeguarding enquiries.

### **Monitoring and Supervision**

Staff must be made aware of the importance of raising concerns and challenging poor practice, whenever and wherever it occurs. Supervision and team discussions should be used to:

- help staff understand how to identify and respond to potential abuse and neglect
- learn from their experiences of raising concerns about abuse and neglect
- help people who might be reluctant to speak out to do so
- share best practice, including positive actions to prevent abuse
- obtain feedback about safeguarding practices in the service and how they might be improved.

### **Consent, Confidentiality and the Sharing of Information**

As a rule, a person's consent should be obtained before interventions are made on their behalf or information is passed on about them. Legal guidance suggests that their wishes can be overruled where, for example, there are risks of other people being harmed.

The Care Act 2014 statutory guidance (Chapter 14) provides further information on how consent issues should be addressed within the framework of the Act, including situations where the person to be safeguarded might lack the mental capacity to give their consent on the procedures to be followed following evidence of their being harmed or that they are at risk of being harmed.

The Social Institute for Excellence (SCIE) has produced substantial guidance on these issues, including updated information (January 2019) on the sharing of information and the implications of current data protection laws and on safeguarding during the Covid-19 emergency. (See [www.scie.org.uk](http://www.scie.org.uk)).

### **Working with Partner Agencies**

Care providers through their registered managers and safeguarding leads should work closely with their local authorities, clinical commissioning groups and other agencies, including local professional organisations representing care provider interests on safeguarding development and improvements.

In line with NICE guidance (2021, Section 1.3.13 ff) but extended to all care services, agencies should work together on:

- developing information sharing and communication protocols
- their roles, responsibilities and accountability in relation to others' responsibilities
- being clear about their respective roles and responsibilities
- agreeing on definitions of good and poor practice, (which might include definitions of organisational and institutional abuse)
- agreeing on the indications of abuse and neglect that should result in appropriate safeguarding action being taken; (also taking into account the idea that safeguarding should be made "personal").

### **The Importance of Multi-Agency Working**

The NICE guidance also emphasises that:

- all safeguarding — particularly as it covers such a wide range of causes of potential harm requires a multi-agency approach
- an acceptance by care providers of the need for such an approach
- their making use of the wide range of knowledge, skills and experience that such an approach can offer
- care providers should:
  - take part in or be represented on local Safeguarding Authority arrangements
  - be encouraged to share their experiences with one another (eg through their professional organisations)
  - share relevant information from the Safeguarding Authority with their staff (eg through the organisation's safeguarding lead).

The local authority safeguarding staff will usually set up an initial planning discussion and decide if it should hold a multidisciplinary strategy meeting. The outcome will determine how the service should be involved and if it will need to carry out its own staff disciplinary investigation, or whether some other form of investigation will be needed by the police, local authority and/or the Care Quality Commission (CQC).

NICE (2021) guidance (1.7.13) recommends that the local authority should appoint an “enquiry lead” to coordinate the work and act as a single point of contact for the care provider (who should also have a single point of contact with the care provider through its safeguarding lead).

### Notifying the Care Quality Commission

Care providers should also note that Regulation 18(e) “Notification of Other Incidents” of the Care Quality Commission Regulations 2009 includes a requirement to notify the CQC of “any abuse or allegation of abuse in relation to a service user”. A footnote describes abuse to mean:

- sexual abuse
- physical or psychological ill-treatment
- theft, misuse or misappropriation of money or property
- neglect and acts of omission which cause harm or place at risk of harm.

Care providers must therefore report to CQC all incidents of alleged or actual abuse that fall within the scope of the regulation without delay using CQC’s online forms. They could be penalised for failing to do so.

In borderline instances, it is advisable to make the notification. Notifiable incidents are likely to be those that are reported to the local safeguarding adults board at the same time. (Scotland and Wales Care Inspectorates have similar requirements as described in their respective regulations set out on their websites.)

### Training

All staff should receive training in recognising abuse or harm and carrying out their responsibilities. The training should be updated on a regular scheduled basis at least annually.

All training, including induction training, should follow the guidance and standards produced by the relevant social and health care workforce development organisations and the local safeguarding authority training policies and guidance.

The care service safeguarding training programme should include the following elements.

1. Staff new to care work must achieve Standard 10: Safeguarding Adults and Standard 11: Safeguarding Children to achieve the Care Certificate.

2. New staff with previous induction training should have a baseline training level, which is at least the equivalent of the Care Certificate standards 10 and 11 and their knowledge and competences checked against the NICE NG189 Safeguarding Residents of Care Homes with training to ensure that they have achieved this level (See Employer's Factsheet).
3. The training is consistent with local Safeguarding Adults Boards policies and procedures.
4. All staff following induction might proceed to achieve a Foundation Level 2 award or equivalent and multi-agency (Level 3) training in safeguarding.
5. Managers and staff responsible for safeguarding such as Safeguarding Leads should be required to receive Specialist Safeguarding Training (Level 4) and, where appropriate, to their roles and responsibilities, achieve the Multi-agency Safeguarding Leaders Development Programme (Level 5).
6. Managers following a Level 5 Diploma in Leading and Managing an Adult Care Service must achieve the Safeguarding unit (LMAC5C/S).

The [Social Care Institute for Excellence](#) has developed useful practice guidance and training resources.

### List of Relevant Legislation

- Data Protection Act 2018
- [Care Act 2014](#)
- Social Services and Well-being (Wales) Act 2014
- Equality Act 2010
- Health and Social Care Act 2008
- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Mental Capacity Act 2005 (and Deprivation of Liberty Safeguards)
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Further Information

### Publications

- *Care and Support Statutory Guidance: Issued Under the Care Act 2014* (updated October 2018), Department of Health and Social Care, available on the [GOV.UK website](#)
- *Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England* (2013), Department of Health and Social Care, Skills for Care and Skills for Health, available on the [Skills for Health website](#)
- *Covid-19: Changes to DBS ID Checking Guidelines* (2020), Disclosure and Barring Service, available on the [GOV.UK website](#)
- *Covid-19: Free-of-charge DBS Applications and Fast-track Barred List Check Service* (2020), Disclosure and Barring Service, available on the [GOV.UK website](#)
- *Mental Capacity Act 2005 Code of Practice*, [Department for Constitutional Affairs](#)
- *Positive and Proactive Care: Reducing the Need for Restrictive Interventions* (2014), Department of Health and Social Care, available on the [GOV.UK website](#)
- *Raising a Concern with CQC: A Quick Guide for Health and Care Staff About Whistleblowing*, Care Quality Commission, available on the [CQC website](#)
- *Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work*, [Association of Directors of Social Services](#)

### Organisations

- **Action on Elder Abuse**
- <http://www.elderabuse.org.uk>
- Action on Elder Abuse works to protect, and prevent the abuse of, vulnerable older adults — the only charity in the UK and Ireland working exclusively on the issue.
- **Age UK**
- <https://www.ageuk.org.uk>
- Age UK is a registered charity formed by a merger of the previously separate charities Age Concern England and Help the Aged. The charity provides help, advice, information and support for older people and their families and carers.
- **Association of Directors of Adult Social Services (ADASS)**
- <https://www.adass.org.uk>
- The Association website includes guidance on a range of subjects relevant to the conduct of a care service.
- **Care Inspectorate (Scotland)**
- <http://www.careinspectorate.com>
- The regulatory body for health and social care in Scotland.
- **Care Inspectorate Wales (CIW)**

- <http://www.careinspectorate.wales>
- The inspectorate is the independent regulator of social care and childcare in Wales. It registers, inspects and takes action to improve the quality and safety of services.
- **Care Quality Commission (CQC)**
- <https://www.cqc.org.uk>
- The Care Quality Commission is the regulatory body for health and social care in England. It monitors, inspects and regulates health and social care services.
- **Relatives and Residents Association**
- <http://www.relres.org>
- A national charity for older people needing care and the relatives and friends who help them cope.
- **UK Home Care Association**
- <http://www.ukhca.org.uk>
- UKHCA is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors.
- **Protect (formerly Public Concern at Work)**
- <http://www.protect-advice.org.uk>
- Protect aims to make whistleblowing work for individuals, organisations and communities, and to protect whistleblowers from recrimination.
- **Social Care Institute for Excellence (SCIE)**
- <https://www.scie.org.uk>
- The Social Care Institute for Excellence (SCIE) identifies good practice and embeds it in everyday social care provision; providing briefings on research and latest developments and training resources on a range of topics.
- **Speak Up — NHS Whistleblowing Service**
- <https://speakup.direct>
- Speak Up is delivered by Social Enterprise Direct on behalf of the Department of Health. The service is an innovative and dynamic approach specifically aimed at employees and managers of NHS and Social Care organisations in England and Wales who want to report concerns about wrongdoing, malpractice or fraud. The number is 0800 072 4725 for a free, independent and confidential service. There is also an email address and an online form which can be completed.



Signed:

A handwritten signature in black ink, appearing to read 'J. K. Lee', is enclosed within a thin black rectangular border.

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