

**Dealing with Allegations of Abuse against  
 Trust Members of Staff (including Safeguarding Children and PIPOT procedures)**

**Version No: 1**

**Document Summary:**

**The purpose of this policy is to inform the target audience of the duties, accountabilities, and responsibilities in managing any allegation of abuse of children or vulnerable adults made against any member of staff of the Trust and relevant staff under Lead Employer, sub- contracting arrangements**

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<b>Policy Author</b>	Assistant Director of Safeguarding	
<b>Target audience</b>	All staff	

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## Document Control

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## 1. Scope

This policy applies to all staff working within the Trust and to Trust personnel working in other premises, which includes Doctors and Dentists in training and Public Health trainees employed under the Single Lead Employer arrangements. The policy applies to bank staff, volunteers, contractors and staff from other organisations working on Trust premises.

There is both Statute and Guidance placing a duty on Mersey and West Lancashire NHS Trust and its members of staff to safeguard and promote the well-being of children and adults at risk whilst also being equitable and fair to all concerned. It is recognised that the behaviour of any staff member (including volunteers) can give rise to allegations of abuse being made against them in relation to children or adults at risk for whom they provide care in a professional setting. However, allegations may also arise from domestic and social interaction including:

- A member of staff's behaviour in relation to their own children or related adult at risk.
- A member of staff's behaviour in the private or community life of a partner, member of the household or other family member.

The framework for managing cases set out in this policy applies to a wider range of allegations than those in which there is reasonable cause to believe a child or adult at risk is suffering, or is likely to suffer, significant harm or neglect. It also covers cases involving allegations that might indicate that the member of staff is unsuitable to continue to work with children or adults at risk in their present position, or in any capacity.

Therefore, the policy covers cases in which it is alleged that a member of staff who works with children or adults at risk has:

- Behaved in a way that has harmed a child or adult at risk or may have harmed a child or adult at risk.
- Possibly committed a criminal offence against or related to a child or adult.
- Behaved towards a child or adult at risk in a way that indicates the member of staff is unsuitable to work with children or adults at risk.

The above are not exhaustive but are broad indicators.

This policy does **not** include students who are the responsibility of the Higher Educational Institute (HEI). However, any concerns about these personnel should be escalated to their appropriate body immediately.

All allegations of abuse by professionals/staff members should be investigated in accordance with this policy and with Local Safeguarding Children Partnership Boards and/ or Safeguarding Adults Boards (LSAB's) procedures.

This policy outlines the process to be applied in relation to members of staff who have allegations made against them and provides guidance to other agencies as to the communication expected if investigations are being conducted against members of staff of the Trust.

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## 2. Introduction

This Trust Policy provides a process which takes account of the different jurisdictions and processes which may be involved depending on location, for dealing efficiently and effectively with allegations of the abuse of children and adults at risk which may be made against any Trust members of staff.

The Policy sets out the principles of good investigative practice in relation to staff who have allegations made against them about their behaviours associated with children or adults at risk. It provides a transparent and accountable process for managing the members of staff involved (as alleged perpetrators), a framework for good information sharing and communication across the various agencies which may be involved, and a framework for managing incidents which involve cross-borough multi agency working around expectations, communication, and information sharing.

The Trust expects all staff to adhere to the Trust Disciplinary Policy, Handling Concerns Policy and associated procedures; as well as and relevant Code of Practice (if appropriate) associated with the Professional body to which the member of staff is affiliated (this is not an exhaustive list):

- Nursing & Midwifery Council (NMC) - Nursing and Midwifery staff
- General Medical Council (GMC) – Medical staff
- General Dental Council (GDC) – Dentists
- Royal College of Pharmacists – Pharmacists
- Health Professional Council – Radiologists, Physiotherapists
- Maintaining High Professional Standards (2005)

## 3. Statement of Intent

This Trust and this Policy recognises potential risks and the need for ALL staff involved in implementing this policy to be vigilant and responsible in identifying concerns, escalating them, and knowing how to access support to ensure the appropriate processes are used.

The report ‘Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile’ by authors Kate Lampard and Ed Marsden (February 2015) detailed the failures throughout the NHS making twelve recommendations which included having clear and robust arrangements for the recruitment and management of volunteers.

## 4. Definitions

Term/Abbreviation	Definition/meaning
<b>Balance of Probability</b>	Is the standard of proof required in civil law cases and many other jurisdictions for deciding outcomes (in criminal cases, the standard is proof beyond reasonable doubt).
<b>Child or Young Person</b>	The Children Acts 1989 and 2004 respectively classify a child as anyone who has not reached their 18 <sup>th</sup> birthday.

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<b>Children's Safeguarding Partnership Board</b>	Previously known as Local Safeguarding Children Board (LSCB). Three key partners – Commissioners, Social Care and Police responsible for working together and ensuring there are arrangements in place that protect children in their area.
<b>Domestic Abuse</b>	Is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This covers all categories of abuse including honour-based violence, female genital mutilation and forced marriage.
<b>LADO</b>	Local Authority Designated Officer responsible for overseeing cases of staff who work with children, providing guidance and monitoring progress of investigations.
<b>Lead Employer</b>	The Trust is responsible for all Specialty Doctors in Training employed by MWL, who rotate to a number of Host Organisations during their training, including NHS Trusts, GP Practices, Hospices and Local Authorities. Each Host Organisation will oversee the day-to-day management of the trainee; however, the Lead Employer model requires a distinctive set of policies and processes to ensure consistency and equity of application is maintained regardless of where the trainee is placed. It is important that open channels of communication are maintained with key stakeholder agencies including the Safeguarding authorities and this policy sets out the principles of this working model.
<b>Adult at Risk</b>	The Care Act 2014 defines an Adult at Risk as one who: <ul style="list-style-type: none"> <li>• Has Care and Support Needs</li> <li>• Is experiencing, or is at risk of, abuse or neglect</li> <li>• Is unable to protect themselves due to their care and support needs</li> </ul>
<b>Care and Support</b>	Care and support is a mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. This includes adults with a disability or long-term physical or mental illness.
<b>PIPOT</b>	Person in a Position of Trust; a framework for managing cases where allegations have been made against a person in a position of trust and is focussed on the management of risk posed to adults with care and support needs.
<b>Higher Education Institutions (HEI)</b>	Higher Education Institutions (HEI) comprise two main types of institution, Universities and University colleges and colleges of higher education (CHEs).

## 5. Duties, Accountabilities and Responsibilities

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### 5.1 Chief Executive

The ultimate responsibility in the area of performance and legislative adherence lies with the Chief Executive.

### 5.2 Director of Human Resources

The Director of Human Resources has Board level responsibility for ensuring that the HR aspects of the policy apply to all levels within the organisation and that the policy is followed fairly and consistently. They will also undertake the role of Senior Manager and thereby will be responsible for:

- Receiving all reports of allegations and concerns.
- Ensuring information is gathered according to these procedures.
- Liaising with the Named Nurse for Safeguarding Child Protection when an allegation has arisen against a child
- Liaising with the Assistant Director of Safeguarding when the allegation has arisen against an adult.
- Ensure a record is kept of all “live” cases and there is oversight within the HR department of ongoing cases involving Trust staff.

### 5.3 Director of Nursing, Midwifery and Governance

The Director of Nursing, Midwifery and Governance has Board level responsibility for ensuring that the safeguarding and governance aspects of the policy apply to all levels within the organisation and that the policy is followed fairly and consistently.

The Director of Nursing, Midwifery and Governance will have oversight of any restrictions placed upon members of the Nursing or Midwifery workforce and will authorise and referrals made to the Nursing and Midwifery Council.

### 5.4 Assistant Director Safeguarding

The Assistant Director of Safeguarding has responsibility for:

- Ensuring staff and managers have access to expert advice and guidance to enable them to fulfil their responsibilities when responding to allegations.
- Providing leadership and guidance to staff in relation to Children’s and Adult Safeguarding as required
- Escalating any concerns to the Director of Nursing / Medical Director or Responsible Officer.
- Taking the PIPOT lead for the Trust
- Supporting the Children’s and Adult Safeguarding Teams in carrying out their responsibilities
- Ensuring the liaison between the Trust and safeguarding departments, Police, LADO and the Trust is timely and undertaken by the safeguarding team.

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## 5.5 Senior Managers

Ensure that there is relevant training in place to provide assurance that staff are competent to be alert to the potential indicators of abuse or neglect

## 5.6 Safeguarding Teams

The adult and Children Safeguarding Teams will:

- Provide advice and support to staff in relation to allegations of abuse or neglect.
- Ensure any concerns raised directly will be managed using the guidance of the Policy.
- Ensure any referrals required are made in a timely way.
- Support the Assistant Director of Nursing with Management of cases, deputising at Trust Allegations Meetings if necessary.
- Attend any associated meetings within the Local Authority including LADO or strategy meetings.

## 5.7 Line Managers

- Must always take seriously any allegation of abuse that is reported to them concerning a child or adult at risk; regardless of the route the concern is received.
- Must report all suspicion, allegation, observation and disclosure of abuse through the appropriate reporting procedure even if they feel the information is incomplete.
- Attend meetings when required, sharing information regarding any previous safeguarding allegations or concerns regarding the staff member.
- Ensure staff members for whom they are responsible are updated if they are subject to an allegation
- In the case of doctors employed through Lead Employer the trainee's clinical supervisor should be contacted in the first instance.

# 6. Process

## 6.1 Principles

The principles underpinning the processes and procedures are as follows:

- The welfare of the child or adult at risk is paramount.
- It is the responsibility of all staff members to safeguard and promote the welfare of children, young people and adults at risk.
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.

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- All children, adults at risk of harm or abuse, and their families who receive care at MWL NHS Trust are entitled to the same standards of care and protection from harm as is expected from any reasonable parent or carer.
- All allegations of abuse must be taken seriously. A response to any allegation must therefore be initiated.
- Enquiries must be undertaken promptly, thoroughly and with sufficient sensitivity to ensure that the child or adult at risk is not subjected to additional harm.
- It is essential that the child/young person/adult at risk is listened to carefully.
- It is recognised that allegations of professional abuse inevitably generate very sensitive issues, for those who are accused or suspected. Individuals should be advised to contact the Trust's Staff Counselling and Support Services to provide additional help and support.
- Staff who are involved in or subject to an allegation, must be supported by an allocated contact, who will provide regular updates on the process and ensure appropriate referral to Health Work and Well Being is considered.
- There is also recognition by the Trust of the potential vulnerability of staff who care for children and adults at risk who present with challenging behaviour.

## 6.2 Procedure for dealing with allegations or complaints

Allegations may arise from several sources. The person to whom the allegation/complaint is reported should:

- Treat the matter seriously.
- Avoid asking leading questions and keep an open mind.
- Make a written record of the information (where possible using the alleged victim's words) including, when the alleged incident took place (time and date), who was present, what happened.
- Report the matter immediately to the Line Manager for the Department, who on clarifying the above information has been received should report the matter immediately to the HR, the Assistant Director of Safeguarding or relevant Named Nurse
- If the allegation relates to a patient a DATIX should be completed, however the personal details of the staff member who is subject to the allegation must not be included in the initial DATIX, this will allow for restrictions to access by the investigating officer once reviewed.

The Manager **should not investigate** the matter by interviewing the person who the allegations have been made against, the child, (unless they were the person the child told) or potential witnesses. The only initial assessment at this stage would be to clarify the context of the allegation i.e., to determine if the incident could have happened given the facts available at the time (for example was the staff member on duty, does the description match if one provided).

Advice is required regarding the correct processes to follow depending on the nature of the allegation. Where it is a criminal offence, the Police will take primacy of the investigation process. Where the issue is referred to the Local Authority Adult safeguarding Team (as per the Safeguarding Adult policy), the Local Authority will advise what actions the Trust should take.

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All allegations must be reported to the Director of Human Resources and, Director of Nursing, Midwifery and Governance.

Allegations relating to medical staff should be shared with the Clinical Director and Responsible Officer (RO).

### 6.2.1 Lead Employer Responsibilities

The Lead Employer will ensure that all specialty trainees within its employment are managed in line with this policy and that this policy is an expected requirement when such concerns arise and forms the basis of communication with all staff working externally to the Trust.

Where the Trust, in its capacity as Lead Employer, becomes aware of an allegation relating to a specialty trainee, a HR representative from 'Lead Employer' should be identified to co-ordinate the complex processes likely to be involved and should follow the process identified within this policy as well as that within the Trust Managing Concerns Policy.

Where the allegation has not been made to the Trust in its capacity as Lead Employer, the organisation which becomes aware of the allegation MUST inform and appropriately involve the Trust as Lead Employer in the safeguarding investigative process from the earliest point. This enables the Trust to offer support to the member of staff and to undertake its statutory duties towards them. In instances whereby the host organisation is notified outside of normal office hours the local host organisation should follow their local safeguarding policy and procedure. Lead Employer should be notified at the first opportunity. The Lead Employer Human Resources Representative will become responsible for the oversight of the case and will follow the process as outlined within this policy.

The HR representative should consider the following:

- The nature of the allegation
- The duty to ensure that the child/adult is safe
- Jurisdiction issues relating to the alleged victim (Police, Local Safeguarding Children Partnership Boards and Local Safeguarding Adult Boards)
- Employer responsibilities (exclusion and disciplinary issues)
- Residency of person alleged to have caused harm e.g., does the allegation suggest that the alleged perpetrator's children and relatives are safe from abuse?

These details need to be considered as part of the information gathering for any subsequent internal/ external meeting or investigation.

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All allegations to be discussed with the Assistant Director Safeguarding (PIPOT lead) and the Lead Employer Medical Director.

### 6.2.2 Employees of Higher Education Institutes

Where an allegation is made about an employee and staff who are the responsibility of a HEI these procedures will apply to the investigative process but the HEI as the employer of the person alleged to have caused harm will be responsible for their support and management. The Trust would expect to be informed and appropriately involved in any decision making around suspension, alternative duties etc.

### 6.3 Responding to an allegation or complaint raised out of normal working hours

Allegations or complaints identified out of hours should be reported to the Director on-call for the Trust via Operational Services who should:

- Obtain the written details of the allegation, signed and dated by the person receiving the allegation/complaint.
- Countersign and date the written details.
- Record any other information and names of any potential witnesses.
- Contact police if necessary
- Consider a referral to Children’s Social care for the area where the child lives or in the case of a vulnerable adult, Adult Social Care in the area where the alleged incident took place
- If the concern relates to an allegation of harm or abuse to a patient a DATIX must be completed, however the personal details of the staff member who is subject to the allegation must not be included in the initial DATIX, this will allow for restrictions to access by the investigating officer once reviewed.
- Ensure the Assistant Director Safeguarding / Senior Manager/ Director of Human Resources is notified within one working day.

### 6.4 Allegations Management meeting

An Allegations Meeting chaired by the Assistant Director Safeguarding (or delegated person) should be convened at the earliest opportunity within 3 working days following the disclosure of the allegation. The staff invited should include:

- Named Nurse Safeguarding Adults / Children
- Care group director (or representative)
- HR Representative
- Ward / Department Manager or matron

Please note this list is not exhaustive.

The Purpose of the Planning Meeting is to establish the current facts including details of the allegations and immediate action taken or required.

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- The evidence available.
- Whether the allegations possibly constitute a criminal offence, if so, is there a requirement to inform police.
- Whether there is any suspicion of harm.
- The position the employee holds within the organisation and whether (having considered the circumstances of a case) they should be suspended, redeployed, or if changes to the individual's working arrangements should be initiated (i.e., not working with a particular patient/service used) until an allegation is resolved
- Requirement for any additional referrals including adult or children's social care and LADO
- Any possible public interest / media coverage.
- Consideration for a referral to a Professional Body.

If a criminal act has taken place the individual may have been/maybe arrested but the Planning Meeting should still take place.

Any staff involved in or present when an allegation is made should be advised to make a statement, however in a case where Police or the Local Authority Adult Safeguarding Team is involved these should not be submitted until there is approval for the Trust Investigation to start.

Minutes of the planning meeting should be clearly recorded using the Allegations Meeting Template (Appendix 1). All actions required should be agreed with those responsible and clearly recorded. A copy of the minutes should be stored in the Staff members personal folder within the HR secure files.

In the event of an allegations where a member of staff cannot be identified the minutes will remain with the Safeguarding Team secure records.

## 6.5 Role of the LADO

When an allegation of abuse is made against an adult working with children, this is reported to the Local Authority Designated Officer (LADO). Every local authority must have a LADO in place who is responsible for co-ordinating the response to the allegation.

The purpose and duties of the role are set out in the HM Government statutory guidance Working Together to Safeguard Children (2023). Chapter 4, Organisational Responsibilities, lays out the procedures for managing allegations against people who work with children, for example, those in a position of trust, including volunteers.

These procedures for managing allegations against adults who work or volunteer with children are to be used in respect of all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way which indicates they may pose a risk of harm to children
- Behaved in a way that indicates they may not be suitable to work with children

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The LADO does not:

- undertake any investigation.
- have direct communication with the person subject of the allegation.
- provide advice and support to the person subject of the allegation.
- provide HR advice in respect of suspension or dismissal.

## 6.6 Support for the Staff member against whom the allegation has been made

Alongside the Trust's duty of care to individual's potentially at risk, there is a duty to support the individual who is subject to an allegation including:

- Supporting them to understand the process and updating them on progress.
- Ensuring they have a point of contact.
- Providing the opportunity to respond to an allegation / concern raised.
- Offering a referral to Health Work and Well Being.
- Advising them to seek support from their Union or Professional Body.
- Maintaining an impartial and unbiased approach.

## 6.7 Review and Monitoring process

The Assistant Director will ensure regular meetings are held to review progress, the meeting schedule and timescales for conclusion will be dependent on the nature of the allegation, external referral / agency processes and response.

A final meeting should be held at the end of the enquiry to determine the outcome of:

- Any Police Investigation
- Adult Social Care Enquiry
- LADO enquiry
- Trust Investigation

A decision should be recorded as to whether the allegation is deemed to be:

- Substantiated - There is sufficient evidence to prove allegations.
- Unsubstantiated - This is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
- Unfounded - There is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of all the circumstances.
- Malicious - There is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false
- False - There is sufficient evidence to disprove the allegation.

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The discussion should centre on the threshold of ‘balance of probabilities’ rather than the legal threshold of ‘beyond all reasonable doubt’. Any information provided as part of the external investigations may be used as part of the Trust’s internal disciplinary investigation.

A Case Review document (Appendix 2) should be completed by the Department / Ward manager. This should outline the details of the allegation, details of any investigations, and any action taken in respect of the staff member (with appropriate rationale). This will be held in the Staff members personal folder within the HR secure files.

## 6.8 Internal Assessment / Disciplinary process

The discussion should centre on the threshold of ‘balance of probabilities’ rather than the legal threshold of ‘beyond all reasonable doubt’. Any information provided as part of the external investigations may be used as part of the Trust’s internal disciplinary investigation.

A Case Review document (Appendix 2) should be completed by the Department / Ward manager. This should outline the details of the allegation, details of any investigations, and any action taken in respect of the staff member (with appropriate rationale). This will be held in the Staff members personal folder within the HR secure files.

## 6.9 Disciplinary Process or Assessment Regarding Suitability

If it is found that there is a case to answer, a disciplinary hearing will be arranged in line with the Trust’s Disciplinary Policy or Managing Concerns Policy (applicable to medical or dental staff employed directly by the Trust and by Lead Employer).

It should be noted that a lack of criminal investigation, charge or conviction is not an adequate defence for the adult who is the subject of a disciplinary hearing. There may be elements of an allegation which suggest a breach of expected or appropriate standards of behaviour or propriety even when no criminal activity is identified.

## 6.10 Resignation and Settlement Arrangements

All Safeguarding Adult and Children Guidance recommend that settlement agreements should not be used.

The fact that a person tenders his or her resignation or ceases to provide their services must not prevent an allegation from being followed up in accordance with these procedures and a conclusion reached.

If a person tenders their resignation the Trust will ensure that any letters of reference will declare that the individual resigned whilst an investigation was ongoing.

In any event, such action will not prevent a thorough police investigation where appropriate.

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## 6.11 Referral to Disclosure and Barring Scheme (DBS)

Referrals should be made to DBS when an employer or organisation believes a person has caused harm or poses a future risk of harm to vulnerable groups, including children. The referral should be made even if the employer has resigned from their position.

An employer or volunteer manager is breaking the law if they knowingly employ someone in a regulated activity with a group from which they are barred from working.

A barred person is breaking the law if they seek, offer, or engage in regulated activity with a group from which they are barred from working.

For further information please refer to the Trust DBS policy or discuss with a member of the HR team.

## 6.12 Information Governance

At the beginning of any enquiries those involved should be informed that any statements obtained, and information gathered may be used in disciplinary

This will include ensuring the child/adult at risk and parents/carers are aware of this and that consent issues are dealt with as soon as possible thereby enabling information sharing to take place at the earliest opportunity.

However, if consent is not obtained at the beginning of the enquiries, it may be necessary to seek this before the information is used for disciplinary purposes.

Every effort should be made to maintain confidentiality and guard against publicity whilst an allegation is being investigated/considered. Subsequent actions must be treated in confidence. Breaches in confidentiality may be dealt with using the relevant disciplinary Policy and procedures. Any information sent electronically should be encrypted.

The advice of the Information Governance Manager should be sought where there is any doubt.

If the police or CPS decide not to charge or decide to administer a caution, or the person is acquitted, the Trust will request the information from the police. If the person is convicted, the police should inform the Trust immediately to enable the Trust to take the appropriate action.

## 6.13 Data Controller

If an organisation is in receipt of information that gives cause for concern about a person in a position of Trust, then that organisation needs to give careful consideration to sharing this with the person's employer to enable them to complete a risk assessment. The receiving organisation becomes the data controller.

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## 6.14 Record keeping

A clear and comprehensive summary of any allegations made, details of how the investigation was carried out and details of the conclusion and subsequent action must be kept on a staff members' confidential personnel file, secured by HR. This should also include minutes of any planning meetings held, LADO meetings and any discussions with the staff member.

The staff member should be provided with a letter detailing the above.

The advice of the Information Governance Manager should be sought prior to any destruction of personal information relating to this policy.

This will allow accurate information to be provided in response to any future request for a reference. It will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction and will prevent unnecessary reinvestigation if the allegation should resurface.

## 7. Training

What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
Safeguarding Adult and Children Training	All	Yes	N/A	E Learning	yearly	Safeguarding team

## 8. Monitoring Compliance

### 8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1.	Compliance with Safeguarding Commissioning standards
2.	
3.	
4.	
5.	
6.	
7.	

### 8.2 Performance Management of the Policy

Minimum Requirement	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
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<b>to be Monitored</b>					
Data	AD Safeguarding	Report	Quarterly	Quality Committee	AD Safeguarding

## 9. References/Bibliography/Relevant Legislation/National Guidelines

<b>No</b>	<b>Reference</b>
1.	Children Act 1989, 2004
2.	Care Act 2014
3.	Working Together to Safeguard Children 2023
4.	
5.	

## 10. Related Trust Documents

<b>No</b>	<b>Related Document</b>
1.	Safeguarding Adult policy
2.	Safeguarding Children policy
3.	Disciplinary policy
4.	Handling Concerns policy
5.	

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## 11. Equality Analysis Screening Tool

The EIA screening must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process. Where the screening identifies that a full EIA needs to be completed, please use the full EIA template.

The completed EIA screening form must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, [cheryl.farmer@sthk.nhs.uk](mailto:cheryl.farmer@sthk.nhs.uk). If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion for [workforce\\_equality&diversity@sthk.nhs.uk](mailto:workforce_equality&diversity@sthk.nhs.uk).

If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or Head of Equality, Diversity (Workforce) and Inclusion.

A full equality impact assessment must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

<b>Title of function</b>	Management of Allegations Against Trust Staff
<b>Brief description of function to be assessed</b>	Process to be followed when an allegation is made against a member of staff; including safeguarding process and external referrals.
<b>Date of assessment</b>	29/05/2024
<b>Lead Executive Director</b>	Director of Nursing, Midwifery and Governance
<b>Name of assessor</b>	Anne Monteith
<b>Job title of assessor</b>	Assistant Director Safeguarding

### Equality, Diversity & Inclusion

Does the policy/proposal:

- 1) Have the potential to or will in practice, discriminate against equality groups
- 2) Promote equality of opportunity, or foster good relations between equality groups?
- 3) Where there is potential unlawful discrimination, is this justifiable?

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	Negative Impact	Positive Impact	Justification/ evidence and data source
Age	No	No	
Disability	No	No	
Gender reassignment	No	No	
Pregnancy or maternity	No	No	
Race	No	No	
Religion or belief	No	No	
Sex	No	No	
Sexual orientation	No	No	

## Human Rights

Is the policy/proposal infringing on the Human Rights of individuals or groups?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Right to life	No	No	
Right to be free from inhumane or degrading treatment	No	No	
Right to liberty/security	No	No	
Right to privacy/family life, home and correspondence	Yes - Justifiable	No	Information may be shared under the guidance of safeguarding legislation
Right to freedom of thought/conscience	No	No	
Right to freedom of expression	No	No	
Right to a fair trial	No	No	

## Health Inequalities

Is the policy/proposal addressing health inequalities and are there potential or actual negative impact on health inequality groups, or positive impacts? Where there is potential unlawful impacts is this justifiable.

	Negative Impact	Positive Impact	Justification/ evidence and data source
Deprived populations	No	No	
Inclusion health groups	No	No	
5 child clinical areas	No	No	
5 adult clinical areas	No	No	

## Outcome

After completing all of the above sections, please review the responses and consider the outcome.

<b>Is a full EIA required?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Please include rationale:
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## Sign off

<b>Name of approving manager</b>	Anne Monteith
<b>Job title of approving manager</b>	AD Safeguarding
<b>Date approved</b>	29/05/2024

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## 12. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g., health records, criminal records or other information people would consider particularly private?	x			Managed under relevant Safeguarding legislation
Will the procedural document lead to the collection of new information about individuals?		x		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		x		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		x		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	x			Managed under relevant Safeguarding legislation
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g., biometrics or facial recognition		x		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?	x			Managed under relevant Safeguarding legislation
Will the implementation of the procedural document compel individuals to provide information about themselves?		x		

Sign off if no requirement to continue with Data Protection Impact Assessment:  
Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

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**Policy author A Monteith**

**Date 29/05/2024**

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### 13. Appendix 1 – Allegations Meeting Template

Date:		Time:	
1	Staff in attendance		Initial
	Name	Role	
2	Details of the allegation		
3	Details and History of Staff Member		
	Include role, details of contact with children or vulnerable adults, any previous concerns, details of DBS.		
4	Discussion, analysis of risk and details of any immediate action to be taken in respect of the staff member.		
5	Details of any additional referrals completed or required (e.g., LADO)		
6	Additional actions and outcome (if achieved).		Responsibility
7	Date and Time of next meeting		

### 14. Appendix 2 HR Case Review Summary Template

Name of employee	
Department/Care Group	
Name of person completing form	
Start date of 72 hours review	
End date of 72 hours review	
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Summary of concern(s):

**Q1. Deliberate harm test – Was there any intention to cause harm? NO**

If yes – follow disciplinary processes, this could also involve contacting relevant regulatory bodies, exclusion, referral to police. Full disciplinary process to commence.

If no – go to Question 2a.

Brief summary of evidence and rationale:

**Q2a Health (substance abuse) test - Are there any indications of substance abuse?**

If yes – follow organisational processes in relation to substance misuse policy. Determine if investigation is needed to understand if substance abuse could have been identified earlier.  
END HERE.

If no – go to Question 2b.

Brief summary of evidence and rationale:

N/A

**Q2b Health (other) test**

- i. Are there indications of adverse physical health?  
Are there indications of adverse mental health?

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If yes – follow organisational procedures for referral to HWWB. Wider investigation is still needed to understand if health issues could have been recognised and addressed earlier. END HERE.

If no – go to Question 3a.

Brief summary of evidence and rationale:

N/A

**Q3a Foresight test - Are there agreed protocols / accepted practices in place that apply to the concern(s) in question?**

If no – action singling out the individual is unlikely to be appropriate and the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. END HERE.

If yes – go to Question 3b.

Brief summary of evidence and rationale:

N/A

**Q3b Were the protocols / accepted practice workable and in routine use?**

If no – action singling out the individual is unlikely to be appropriate and the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. END HERE.

If yes – go to Question 3c.

Brief summary of evidence and rationale:

N/A

**Q3c Did the individual knowingly depart from these protocols? No**

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If no – action singling out the individual is unlikely to be appropriate and the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. END HERE.

If yes – go to Question 4.

Brief summary of evidence and rationale:

N/A

#### Q4a Substitution test (Part A)

Are there indications that other individuals from the same peer group, with comparable experience and qualifications, would behave in the same way in a similar circumstance? NO

If yes – action singling out the individual is unlikely to be appropriate and the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. END HERE.

If no – go to Question 4b.

Brief summary of evidence and rationale:

#### Q4b Substitution Test (Part B)

Was the individual missed out when relevant training was provided to their peer group? NO

If yes – action singling out the individual is unlikely to be appropriate and the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. END HERE.

If no – go to Question 4c

Brief summary of evidence and rationale:

#### Q4c Substitution Test (Part C)

Did any more senior member(s) of the team fail to provide supervision that normally should be provided?

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If yes – action singling out the individual is unlikely to be appropriate and the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. END HERE.

If no – go to Question 5.

Brief summary of evidence and rationale:

**Q5. Mitigating circumstances - Where there any significant mitigating circumstances? No**

If yes – action singling out the individual is unlikely to be appropriate and the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. END HERE.

If no – formal investigation is likely to be necessary using the Trust’s policies and procedures. Go to Question 6.

Brief summary of evidence and rationale:

**Q6. Does the employee have any protected characteristics? NO**

If yes, have these been considered?

If yes, does there need to be any reasonable adjustments due to the protected characteristic?

Brief summary of evidence, considerations and adjustments required:

**Q7. What is the outcome of 72-hour review and recommended next steps?**

• No further action required		
• Extension of time required to gain further information		
• Recommend remediation		
• Recommend mediation		
• Recommend formal investigation		
• Recommend other		

Agreed actions (ensure leads and timescales are clearly identified and understood):

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Record of outcome to be retained by HR.

Is legal advice needed: NO

Summarise questions to be put to the Trust's lawyers:

Decision approved by Head of Service/  
Nursing

Signed:

Print name:

Date:

Decision supported by Human Resources  
Business Partner

Signed:

Print name:

Date:

TO BE RETAINED IN HUMAN RESOURCES

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