



### Allegations Against Staff Policy

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Purpose of the Policy:	The purpose of this policy is to provide a framework for managing cases where allegations are made about Trust staff that indicate an adult(s) at risk and or children are believed to have suffered, or likely to suffer, significant harm.
If developed in partnership with another agency, ratification details of the relevant agency	
Policy in-line with national guidelines:	Safeguarding Children (2018). The Care Act (2014).

**Signed on behalf of the Trust:** .....  
**Anna Hills, Chief Executive**

**Version Control Sheet**

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2024	Sam Hunt		To replace Serious Incident Framework with Patient Safety Incident Response Framework.	Quality and Safety Committee	26 <sup>th</sup> January 2024.

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<b>CQC Standards</b>	
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## Contents

Section	Heading Title	Page no.
1	Introduction	4
2	Purpose	5
3	Scope	6
4	Roles and responsibilities	6
5	Process for Managing the Allegation.	8
6	Monitoring	14
7	Confidentiality and Record Keeping.	15
8	Local Authority Strategy Meeting.	15
9	Press and Media Interest.	16
10	Training Requirements.	16
11	References and Associated Documents.	17
Appendix A	Definitions of Terms.	
Appendix B	Allegation Management Flow Chart.	
Appendix C	Allegations Against Staff Initial Risk Assessment Meeting.	
Appendix D	Allegations Against Staff Risk Assessment and Action plan.	
Appendix E	Allegations Against Staff Case Record.	
Appendix F	Allegations Against Staff Monthly Meeting Terms of Reference.	

## **Allegations Against Staff Policy.**

### **1.0 Introduction.**

Cambridgeshire and Peterborough NHS Foundation Trust (hereafter to be known as CPFT or 'the Trust') is committed to both national and local guidance to manage allegations against staff or volunteers working for, or with, the Trust. This policy makes a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

This policy provides guidance to Trust staff when an allegation is made known to them and the Trust process which follows that allegation. It applies to any allegation against a member of staff (those in a position of trust) where there is an allegation about harmful behaviour towards a child, young person or adult with care and support needs, either in employment or in their personal life. Allegations may be current or historical.

Individuals can be subject to abuse by a staff member who works with them in a healthcare setting. Any allegation of abuse or maltreatment by a staff member who works within the Trust must be taken seriously and treated in accordance with Trust procedures.

Managing safeguarding allegations against staff is required under the Care Act (2014) and Working Together to Safeguard Children (2018) and sets out expectations that all statutory organisations will have a procedure for managing allegations against staff, who work with adults, children, or young people with care and support needs.

A positive workplace culture is key in preventing abuse in the provision of care and should be developed through strong leadership and management.

This policy should be applied when there is an allegation that any member of Trust staff, including volunteers, has:

- Behaved in a way that has harmed an adult, child, or young person.
- Possibly committed a criminal offence against or related to an adult, child, or young person.
- Behaved towards an adult(s) and or a child(ren) at risk, in a way that indicates they will pose a risk of harm if they work regularly or closely with adults, children or young people.

In addition, the procedures included in this document should be applied when there is an allegation that a person who works with an adult, child, or young person.

- Has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to relate to an adult, child, or young person. But could for example, include arrest for possession of a weapon, serious drugs or alcohol issues, or domestic abuse.
- As a parent or carer, has become subject to child protection procedures.
- Is closely associated with someone in their personal lives (e.g. partner, member of the family or other household member) who may present a risk of harm to an adult, child, or young person, for whom the member of staff is responsible for in their employment or volunteering.

## **2.0 Purpose.**

The purpose of this policy is to provide a framework for managing cases where allegations are made about Trust staff that indicate an adult, child, or young person, has believed to have suffered, or likely to suffer, significant harm. Allegations may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with an adult, child, or young person, in their present position, or in any capacity. This is referred to as the Person in Position of Trust (PiPoT). The allegation may arise either in the employee's work or private life.

Examples include:

- Commitment of a criminal offence against or related to children, young people, or adults at risk.
- Failing to work collaboratively with social care agencies when issues about care of children, young people, or adults at risk for whom they have caring responsibilities are being investigated.
- Behaving towards children, young people, or adults at risk, in a manner that indicates they are unsuitable to work with children, young people or adults at risk of harm or abuse.
- Where an allegation arises about a member of staff, arising from their private life such as perpetration of domestic abuse, a conviction of grievous bodily harm.
- Where an allegation of abuse is made against someone closely associated with a member of staff such as a partner, member of the family or other household member.

This policy aims to provide guidance that will ensure allegations are dealt with in a consistent, timely, and thorough but fair manner, in order to minimise the risks for individuals and to minimise the impact on people concerned. The response will be proportionate to the risk and context of each situation and will be based on the information received both from the source of the allegation and that held by partner agencies.

It is often difficult to determine whether a case reached the threshold for review under the Allegation Policy so for further advice contact a senior member of the Safeguarding Team, who will provide support, advice and guidance and initiate an Allegations Against Staff Initial Risk Assessment Meeting.

The Allegations Against Staff Policy will always run in parallel with the respective departmental own governance requirements. For example, disciplinary investigation, complaint investigation, patient safety incident and or investigation.

### **3.0 Scope.**

This policy applies to locum, permanent, and fixed term contract employees who hold a contract of employment or engagement with the Trust, those who in particular work face-to-face with people at risk. Further it applies to secondees (including students), volunteers, bank staff, Non-Executive Directors and those undertaking research working within the Trust, in line with the Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to the Trust.

3.1 In circumstances where the allegations have arisen from the persons personal or private life, or in another work setting, and the current employer is unaware the decision to share information with an employer, student body must be justifiable and proportionate, based on the potential or actual harm to adult or child at risk. The rationale for decisions making should be recorded (Care Act 2016 14.131)

The following factors should be considered, but are not exhaustive:

- Does the person work in a setting where there are, or are likely to be, adults or children at risk?
- What type of access to adults/children does the person have?
- How frequently does the individual have access to adults/children at risk?
- What is the severity of the allegation?
- What would the impact be on an adult/child at risk if harm were to occur?
- Likelihood of occurrence.
- Does this incident relate to them as a victim or perpetrator?

### **4.0 Roles and Responsibilities.**

The Chief Executive and Trust Board have overall responsibility for supporting the policies and procedures in place across the Trust.

The Chief Nurse as the Executive Lead for Safeguarding is responsible for ensuring that the organisation complies with the Care Quality Commission Requirements and relevant Key Lines of Enquiry, to ensure high standards of safeguarding practice are maintained.

The Associate Director of Safeguarding who manages the Safeguarding Team on behalf of the Chief Nurse and will have overall responsibility for ensuring appropriate management of allegations.

The HR Business Partner and Designated HR Lead for Allegations will monitor the number of internal allegations annually and report this data to the Trusts Safeguarding Committee. The Human Resources Department will follow-up on any deficiencies, gaps or recommendations made by the Safeguarding Committee.

The Divisional Operations Directors, Divisional Directors, and Divisional Nursing Directors, Modern Matrons, Quality Matrons, Ward, Service Managers have overall responsibility to ensure that staff members within their areas are aware of this policy.

The Human Resources Department are responsible for capturing the data of all cases involving allegations against Trust staff. Their role being to provide support and advise the directorates who are then responsible for addressing issues and taking identified actions forward.

Occupational Health and Wellbeing Service is responsible for directing staff to the support available as appropriate.

Communications Team should provide advice in relation to the handling of any queries from the media concerning the allegation.

All staff have a responsibility to raise allegations about the delivery of care to service users which may involve making allegations about the conduct of colleagues. All staff need to ensure that they are familiar with this policy and escalate allegations in accordance with this policy.

A member of staff who is the subject of criminal or legal proceedings outside of the Trust, must inform their Line Manager as per Disclosure and Barring Service procedures. An assessment of the risks will then be carried out in order to identify the continued suitability of their current role (Vetting and Baring Policy).

Trust staff should be supportive of colleagues who report any untoward incident(s) and have a duty to co-operate with the enquiries that may be carried out in response to an allegation against a colleague.

In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

## **5.0 Process for managing the allegation.**

### 5.1 Areas where the allegation may initiate from:

- Safeguarding Assessment of Social Care as to whether an adult, child or young person needs protection or services.
- A criminal investigation by the police.
- Trust staff disciplinary procedures.
- Trust complaint procedures.
- Patient safety incident / investigation.
- Disclosure by a staff member or colleague.
- Any other professional.
- An adult at risk and or child or young person.
- A family member, or member of the public.

### 5.2 Reporting Allegations

Any member of staff who becomes aware of an allegation of concern in relation to an adult, child, or young person by a member of Trust staff, must report that allegation immediately to their Line Manager (or Senior Manager if Line Manager is unavailable) and the Trusts Safeguarding Team must be informed immediately.

The allegation will need to be escalated to the Associate Director for Safeguarding or their Deputy within one working day.

If the Associate Director for Safeguarding or their deputy is unavailable or are themselves the subject of the allegation this must be reported to the Chief Nurse.

If the allegation is against a Line Manager, then this must be reported to the appropriate Service Manager. Any suspicions of abuse by a Director must be notified to the Chief Executive, or if the allegation or suspicion is against the Chief Executive then this should be reported to the Chairman of the Board.

### 5.3 Initial Actions to be taken by the Person Receiving the Allegation Identifying the Concern.

The person to whom the allegation is first reported or who first identifies a concern should treat the matter seriously and keep an open mind.

The safety of the child, young person or an adult at risk is of paramount importance. Urgent action may be required to secure the immediate safety of any children, young people, or adults at risk, in which case a report to the police should be made via the 999 system.

The person receiving the allegation should:  
Record the information (where possible using the child's or adult's own words), including the time, date and place of incident, persons present, and any actions taken.

Staff should Immediately report the matter to their line manager and then with their support report to a Senior Member of the Trust Safeguarding Team or the Director on-call if out of normal working hours, if the allegation is of a serious nature and the safeguarding team are or will not be at work before the person's next shift.

#### 5.4 Considerations when an allegation is made.

There are four strands in the consideration of an allegation:

- Enquiries and assessment by adult social care, about whether an adult at risk of harm or abuse, is in need of protection or in need of services, this supersedes a referral to the Local Authority PIPOT.
- Enquiries and assessment by the Local Authority Designated Officer (LADO), about whether a child is at risk of harm or abuse, is in need of protection or in need of services (Appendix G).
- A police investigation of a possible criminal offence
- Consideration of disciplinary action (including suspension)

The recipient of an allegation must not unilaterally determine its validity. Failure to report allegations in accordance with agreed procedure is a potential disciplinary matter. Any member of Trust staff who believes that an allegation or suspicion, which has been reported to the appropriate manager, is not being investigated properly, has a responsibility to escalate their concerns to a higher level in the Trust.

The safety of the adult at risk and or child(ren) or young person is of paramount importance. Management of allegation procedures need to be applied with common sense and judgement. Some allegations are so serious as to require immediate referral to the Local Authority and the Police for investigation.

[Allegations against professionals and volunteers who work with Children | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

Others are less serious and at first sight may not seem to warrant consideration for a Police investigation or enquiries by the Local Authority. It is important that even apparently less serious allegations are followed up.

The Associate Director of Safeguarding or their deputy must be informed of all allegations that come to the attention of Trust staff.

Whistleblowing is one of the mechanisms by which staff can raise any potential allegations, made in good faith, without fear of repercussion. Staff should acknowledge their individual responsibility to bring matters of concern to the attention of senior management and or relevant external agencies, where the welfare of an adult at risk is at stake in line with the Trust's Freedom to Speak Up Policy.

#### 5.5 Communication, Support, and Information for the victim(s) of the allegation.

The victim should be helped to understand the progress of the case, informed of the result of any enquiry or disciplinary process and, where necessary, helped to understand the nature of the outcome reached. The provision of information and advice must take place in a manner that does not impede the proper exercise of enquiry, disciplinary and investigative processes. In deciding what information to disclose, careful consideration should be given to duties under the Data Protection Act 1998 and General Data Protection Regulations 2016.

#### 5.6 Communication with the subject(s) of the allegation.

It is essential that every effort must be made to maintain confidentiality and manage communications while an allegation is being investigated.

Unless it puts the adult or child(ren) at risk or in danger, it is good practice that the individual should be informed of the allegation that has been made against them, and to provide them a full explanation of the process which will follow. The Trust disciplinary and investigations processes must be followed.

When it is appropriate, the subject of the allegation should be advised of the following:

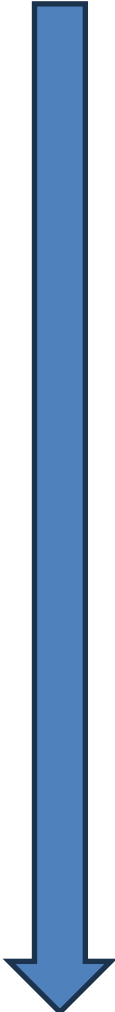
- From the outset to contact her/his union representative.
- The opportunity to respond to allegations.
- Treated fairly and honestly and helped to understand the allegation expressed, processes involved and possible outcomes
- Kept informed of the progress of the case and the investigation.
- Clearly informed of the outcome of any investigation and the implications for disciplinary or related processes.

- Provide with appropriate support via Occupational Health and the Trust Counselling and Emotional Health and Welfare Service. [Staff Wellbeing Service | Intranet \(cpft.nhs.uk\)](#)
- Provided with an allocated welfare officer.

The grounds for not telling the subject of the allegation would be

- It would put an adult or child at risk.
- There is a risk the subject will self-harm.
- There is a risk to the professional who is telling the subject they are making a disclosure.
- The Police have requested the subject not be told.

### 5.7 Initial Management of the Allegation Process.



At the earliest opportunity (within one working day), following disclosure of the allegation, an Allegation Against Staff Initial Risk Assessment Meeting must be set up, to mitigate any risk and agree immediate management of the individual(s). A risk assessment will be undertaken to assess the risks (Appendix B) and any other external bodies must be aware as required.

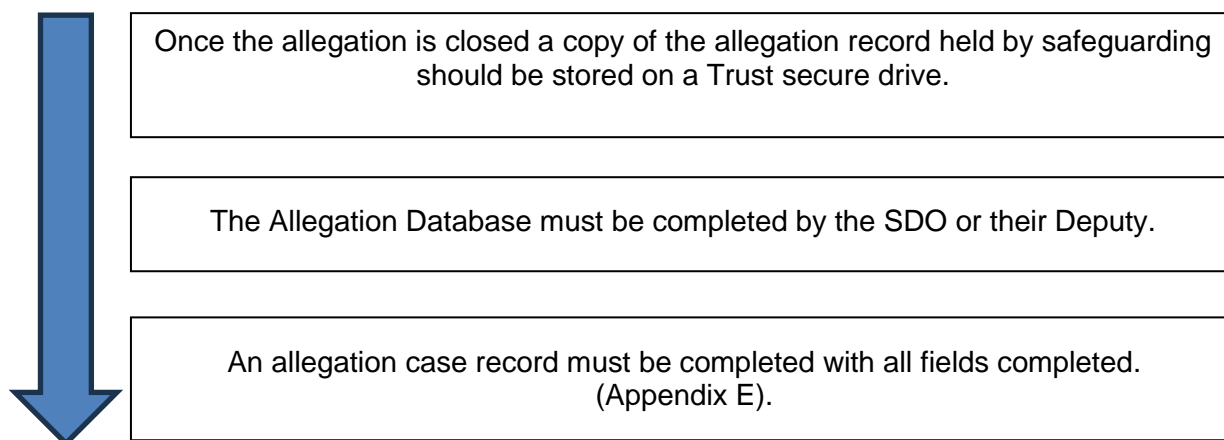
In the absence of the Associate Director of Safeguarding, a lead nurse for safeguarding or above will act on their behalf.

The Trust will appoint an investigating officer who will undertake an investigation in line with the principles set out in the Disciplinary policy. The Safeguarding Team will also undertake a separate safeguarding investigation if meets the criteria as set in the Adult Safeguarding Policy.

The HR Representative and or the Investigating Officer must ascertain if there has been any previous allegations with regards to the individual.

The Patient Experience, Datix and Complaints Database should be reviewed for any previous complaints made related to the subject of the allegation.

The Freedom to Speak Up Guardian must ascertain if there has been any previous concerns and/or allegations with regards to the area/service where the allegation has taken place



### 5.8 Allegations against staff initial risk assessment meeting (Appendix C & D)

At this meeting the following issues should be considered:

- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information.
- Consider the current allegation in the context of any previous allegations or concerns
- Where appropriate, take account of any entitlement by staff to use reasonable force to control or restrain adults at risk.
- Decide what information can be shared, with whom and when. Seek advice from the Trust Information Governance Lead if unsure. Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for the decisions making should always be recorded.
- Information of the case should be restricted to those who have a need to know in order to protect adults and children of risk, to facilitate enquires or manage disciplinary or suitability processes.
- Ensure that arrangements are made to protect the adult at risk and/or children involved and any other adults at risk and or children affected, including taking emergency action where needed.
- Consider what support should be provided to all alleged victims who may be affected
- Consider what support should be provided to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation.
- Ensure that investigations are sufficiently independent.
- Make recommendations where appropriate regarding suspension, or alternatives to suspension in line with the Trust's Disciplinary Policy.
- Consider issues for the attention of senior management (e.g. media interest, resource implications)

- Consider reports for consideration of referral to professional bodies and the Disclosure and Barring Service.
- Complete the risk assessment (Appendix C) and inform the employer's safeguarding arrangements.
- Agree dates for future strategy meetings or discussions, if required before Allegations against Staff Monthly Meeting.
- CQC must be notified via the Chief Nurse if the individual has harmed an adult or child in the workplace and is working in a regulated service.

#### 5.9 Allegations against staff monthly meeting. TOR Appendix F.

- An update on the current cases, to ensure process is acting as swiftly as possible and to support if any blockers in place.
- Consider the risk assessment in place (Appendix C) ensuring this remains current and if not amending it and making employers aware.
- Consider reporting to the Local Authority and/or the police if not already completed
- Consider reports for consideration of referral to professional bodies and the Disclosure and Barring Service, if not already completed.
- Ensure that arrangements remain in place if needed to protect the adult at risk and or children involved and any other adults at risk and/or children affected.
- Ensure support remains in place to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation.
- Decide what information can be shared, with whom and when. Seek advice from the Trust Information Governance Lead if unsure. Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for the decisions making should always be recorded.
- Information of the case should be restricted to those who have a need to know in order to protect adults and children of risk, to facilitate enquires or manage disciplinary or suitability processes.
- Any cases where closure discussion is required should ensure that all tasks have been completed, including any referrals to the Disclosure and Barring Service and/or governing bodies e.g. Nursing & Midwifery Council/General Medical Council

The closure discussion should take into account the following definitions when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient identifiable evidence to prove the allegation

- **False:** there is sufficient evidence to disprove the allegation
- **Malicious:** there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false
- **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
- **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.
- When a case has been closed a letter should be sent to the alleged perpetrator and victim acknowledging the allegations and the outcomes of the investigation.
- If the Trust removes an individual (paid worker or unpaid volunteer) from work in regulated activity with an adult at risk and or child(ren) or young person (or would have, had the person not left first) because the person poses a risk of harm, the Trust must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list. This applies irrespective of whether a referral has been made to local authority adult or children's social care and/or the designated officer or team of officers. It is an offence to fail to make a referral without good reason.

#### 5.10 Allegations against Locum/Agency Staff/Contractors/Volunteers.

In the case of an allegation against a locum/agency worker/contractor/volunteer it may be necessary to stop that worker's current assignment. The employer agency/contractor/bank/ volunteer should be notified of the reasons as appropriate. Estates and Facilities will also be notified. Any disciplinary action will be the responsibility of the employing agency to deal with in accordance with contractual terms between the worker and the agency and contractor. Consideration must be given as to whether a referral is made to the Local Authority Under PIPOT (Appendix I) Where any investigation involves a volunteer either directly managed by Trust or by a third-party organisation, disciplinary action will be agreed by the Chief Nurse / Medical Director or their deputy with support from the Associate Director for Safeguarding.

#### **6.0 Monitoring.**

The Trust will hold a quarterly Executive Allegations Against Staff meeting. This meeting will be used to provide a Trust- wide overview of all the allegations, monitoring for themes. Following agreement at this meeting learning will be

cascaded to the relevant areas to allow growth and to facilitate training for staff. This meeting will be used as the compliance monitoring for the Trust in these cases and will be there as a means of escalation of concerns seen within the Allegations Against Staff Monthly meeting.

## **7.0 Confidentiality and Record Keeping.**

Allegations such as these are extremely sensitive and confidentiality must be maintained at all times, with the information being shared on a strictly need to know basis, in order to protect all parties.

It is important that records are kept of all meetings/interviews/telephone calls/emails or conversations relating to the allegation. This record will be held by the Safeguarding Team with a summary of action points included in the individuals HR record.

A clear and comprehensive summary of the case should be retained within the employee's confidential HR file and a letter of summary given to the employee. Records will be kept in the HR department until the individual concerned has taken retirement or six years from the allegation if longer.

- Details of allegations found to be malicious should be removed from personnel records.
- A clear record of the case should also be retained on the Trust's Restrictive drive and should be retained indefinitely in accordance with the Goddard Enquiry.
- Any of the records may be disclosed to a disciplinary, complaint, SI process where relevant.
- It is of key importance that, before an allegation against a person in a position of trust is referred to the Multi-agency Safeguarding Hub (MASH), the person concerned is informed that this action is being taken.
- For the avoidance of doubt or ambiguity it should be noted that informing the person in a position of trust that a referral is to be made about them to the Multi-agency Safeguarding Hub (MASH) does not necessarily mean that their consent is required in order for the referral to be made.
- It should be further noted that referrals will not be accepted by the Multi-agency Safeguarding Hub (MASH) in situations where the person the allegation is about has not been informed that the referral is to be made.

## **8.0 Local Authority Strategy Meeting.**

A Local Authority Strategy meeting will be convened immediately if required and in accordance with the Safeguarding Partnership Policies and Procedures. The Associate Director for Safeguarding or in her absence the Lead Nurse for

Safeguarding, should attend the meeting. The context of the meeting must be fully documented, the outcome will:

- Establish the facts.
- Review the status of the allegation and whether it meets the threshold for significant harm to be dealt with under the local Safeguarding Partnership Board process.
- Review any previous allegations made against the worker and the establishment. · Review any other paid or unpaid employment.
- Decide whether there should be a safeguarding assessment and or internal disciplinary investigation.
- Consider the implication arising from the police decision whether or not investigate an allegation of crime.
- Whether there needs to be a referral made to the DBS or professional body.

The outcome of the Strategy meeting will be shared with the Associate Director for Safeguarding at the earliest opportunity.

[Managing Allegations or Serious Concerns in Respect of any Adult who Works or Volunteers with Children | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

[Allegations against professionals and volunteers who work with Children | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

## **9.0 Press and Media Interest.**

Any event likely to attract media interest should be highlighted to the Chief Executive or their Deputy and the Head of Communications without delay. The usual on call contact arrangements should be used. Any external calls regarding an allegation against a staff member should be referred to the Trust's Chief Nurse or their Deputy and the Communication Team.

## **10.0 Training Requirements.**

All staff must have an understanding of this policy and line managers have the knowledge and ability to act on any allegations that come to light. The Divisional Leads are accountable for ensuring their staff attain the skills and knowledge required.

The Safeguarding Team's skills and knowledge set for this policy is set out in their induction pack.

## **11.0 References and Associated Documents.**

Working Together to Safeguard Children (2018)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Care Act (2014) <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

Children Act (2004)

[www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga\\_20040031\\_en.pdf](http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf)

LSAPB – Multi- agency procedures (2021)

<https://www.safeguardingcambspeterborough.org.uk/adults-board/cpsabprocedures/pipot/>

LSCPБ – Multi-agency procedures (a)

<https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/lado/>

Disciplinary Policy and Procedure HR23.

Freedom to Speak Up Policy HR13.

Safeguarding Adults Policy PS03.

Safeguarding Children Policy PS02.

Human Rights Act 1998.

General Data Protection Regulations 2018.

Patient Safety Incident Response Policy PS68.

## Appendix A

### Definition of Terms.

Local Designated Officer (LDO) is a local authority role responsible for managing and overseeing concerns, allegations or offences relating to staff and volunteers in any organisation across a local authority area. It pertains only to children.

Adult Safeguarding Service Manager is a local authority role responsible for managing and overseeing concerns, allegations relating to staff and volunteers in any organisation across a local authority area. It pertains to adults.

A Strategy Meeting is a multi-agency meeting convened and coordinated by the Safeguarding Adults Manager (SAM) in Adult Social Care or the LDO in Child Social Care, who will discuss the allegations with a range of professionals (usually including the police, where appropriate).

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). DBS is an executive non departmental public body, sponsored by the Home Office.

Definitions of **harm** as detailed in the Children Acts 1989 and 2004 and the Care Act 2014. This policy is focused on management of risk, based on assessment of harm and abuse.

There are four categories of child abuse:

- Neglect.
- Sexual.
- Emotional.
- Physical.

There are several categories of abuse for adults:

- Physical
- Sexual
- Psychological
- Financial or material abuse
- Neglect - acts of omission.
- Discriminatory
- Organisational
- Self-neglect
- Domestic abuse
- Modern slavery

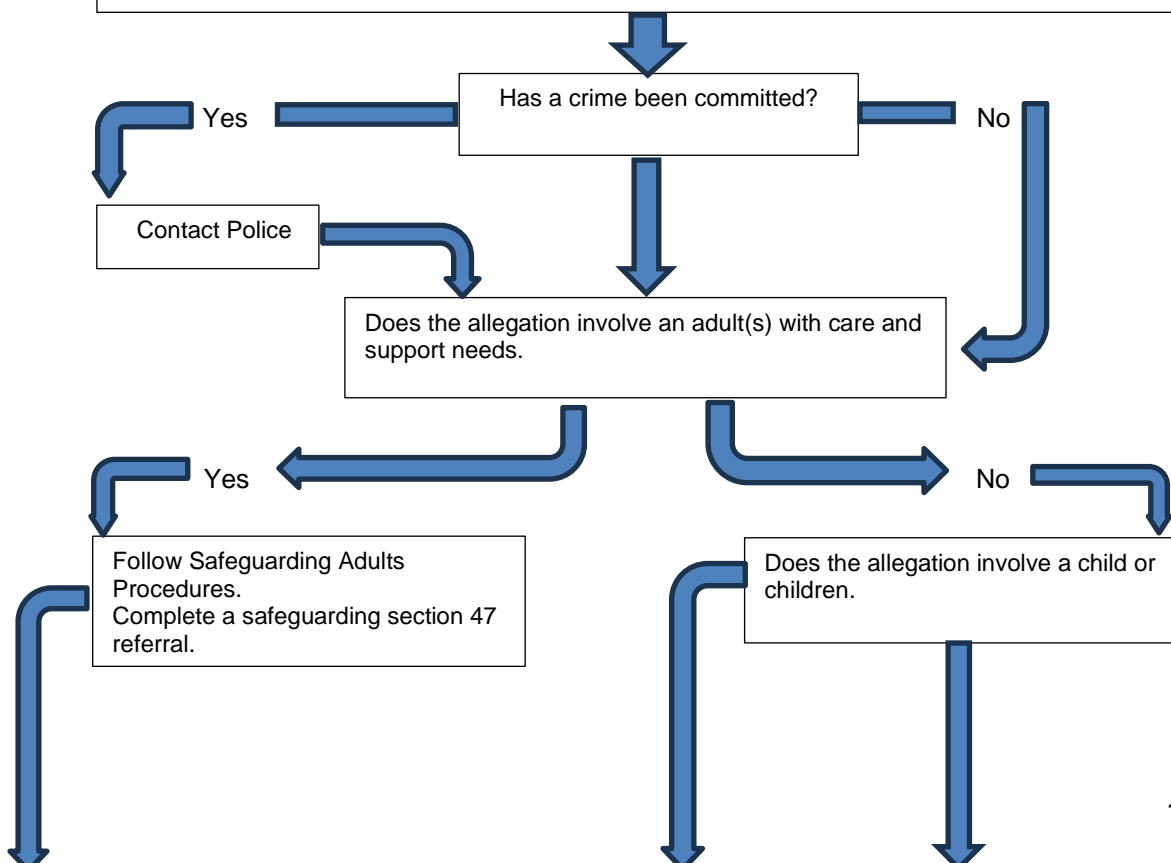
Appendix B – Allegation Management Flow Chart.

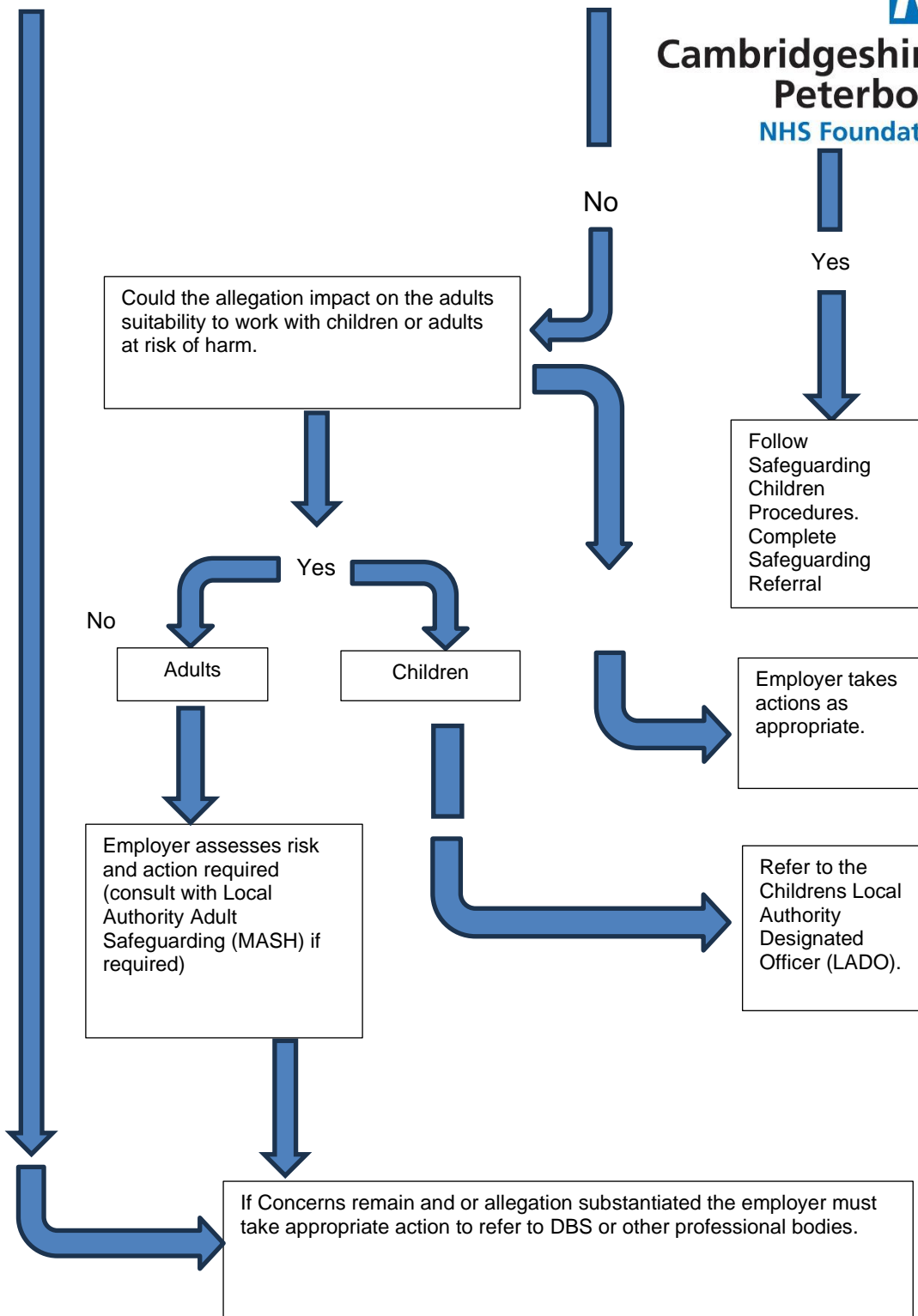
Allegation made against someone who works with or cares for an adult at risk in a paid or voluntary capacity.

Allegation should be reported immediately to ward / line manager and senior member of the Safeguarding Team.  
If outside normal working hours the Director on call should be notified, if the allegation is of a serious nature and the Safeguarding Team are or will not be at work before the persons next shift

The allegation will need to be escalated to the Associate Director for Safeguarding or their Deputy within one working day.  
If the Associate Director for Safeguarding or their deputy is unavailable or are themselves the subject of the allegation this must be reported to the Chief Nurse.  
A senior member of the Safeguarding Team and Directorate Lead of all cases in which it is alleged a staff member has behaved in a way that has harmed a child and/or adult at risk; or possibly committed a criminal offence; or behaved in a way that indicates they are unsuitable to work with children and/or adults at risk.

The senior member of the Safeguarding Team must discuss the allegation with the ward / line manager in order to: confirm details: what/who/where/when/witnesses? establish that the claim is not patently false; decide whether the child's parents/patient's NOK are to be informed (to be decided immediately if medical treatment of the child/patient is necessary); decide whether the accused is to be informed. The accused must be advised to contact their union or professional advisor at the outset; an Initial Risk Assessment Meeting must be convened within 1 working day to consider the issues below





Appendix C

Allegations Against Staff Initial Risk Assessment Meeting Corporate Directorate Terms of Reference	
Function - To provide immediate assurance of patient safety in the Trust following an allegation to ensure assessment of risk and management of the risk to the patients of the Trust.	
Purpose <ul style="list-style-type: none"> <li>• To provide immediate local direction on the human resources and risk concerns arising from an allegation.</li> <li>• To ensure effective governance, human resources and risk management processes are in place.</li> <li>• To identify and prioritise patient safety.</li> <li>• To ensure all support and actions which are required to be taken are put in place.</li> </ul>	
Decisions/Recommends/Authority	Decision making.
Reports to.	Allegations Against Staff Meeting.
Reports received.	NA
Links to other committees.	Trust Safeguarding Committee.
Status (standing/project/etc)	Standing.
Frequency and duration.	As required.
Chair.	Associate Director for Safeguarding.
Vice Chair.	A Named Nurse for Safeguarding.
Standing Agenda Items	Summary of new allegation Assessments of risk against allegation for the patients, alleged perpetrator and for the Trust Actions to be taken, by whom and by when.
Minute Taker.	NA – tracker completed at time of meeting.
Meeting co-ordinator	Associate Director of Nursing for Safeguarding.
Quorum	Directorate Lead, HR Directorate Business Partner, Senior Safeguarding Representative.
Terms of Reference endorsed by:	Trust Safeguarding Committee
Date:	
Review Date	
Membership	
Associate Director of Nursing for Safeguarding. HR Directorate Business Partner, Directorate Senior Lead Representative	

Appendix D

Allegations Against People in Positions of Trust – Risk Assessment and Action Plan.

Basic Details.			
Directorate		Name of Employee	
Address		Address.	
Persons Completing this Assessment		Contact Details.	
Designations		Date of Birth.	
Contact Details		Role / Designation.	
Date of Concern Raised		Gender.	
Who reported the concern.		Employee Number.	
Designation and contact details.			
Details of the Concern (Who, what, when, where and how ?)			
Does the nature of the concern pose a risk(s) to adults who use the service. (Who, what, when, where and how ?)			
<p>Confirm <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

If YES the following Risk Assessment & Action Plan must be completed. If NO sign and date this document

Risk Assessment.		Date Completed.	
Risk (Give specific details)	To who?	When?	Level? (High, Moderate, Low)

Action Plan Date completed.	By who?	When?	Outcome confirmed.

Outcome Confirmation.

Next Steps Plan.

Outcome.	
Signature.	
Date.	

Further Action Required.  (If Yes complete the Next Steps Plan below).	Confirm <input type="checkbox"/> No <input type="checkbox"/> Yes
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Date	Action	By Who?	When.	Outcome Confirmed.

Organisational Learning (Lessons learned which could influence for example policy & procedure, training, and staff development planning both internally or externally?)

Once completed this document should be signed and stored securely by the organisation.

Appendix E

Allegation Against Staff Case Record.

Date of Referral	
Staff member against whom the allegation is made (Name, address & contact details)	
Job role  (Specify paid or unpaid)	
Directorate /Job Area of work	
Investigation Lead	

Associate Director of Safeguarding or Deputy Actions.	
Has a risk assessment been undertaken.	
Is this a PiPoT /LADO Referral.	
Is this a referral to the Police.	
Is this a referral to a professional body.	
Is this a referral to DBS.	
Is this a safeguarding of an adult at risk or a child referral.	
If not a referral reason why closed.	

Allegation Against Staff Monthly meeting actions:	
Date.	
Date.	
Date.	

Details of Actions and or Contacts with Referrer.	
Date.	Action Taken.

Details of Actions and or Contacts with Staff member.	
Date.	Action Taken.

Details of Actions and or Contacts with Directorate Lead and or Investigating officer.	
Date.	Action Taken.

Referral Outcome – Include justification for decisions, be proportionate.

Appendix F.

Allegations Against Staff Meeting Corporate Directorate Terms of Reference.	
<p>Function</p> <p>To provide assurance, support and monitoring of patient safety, processes, and timeliness in the Trust following an allegation to ensure ongoing assessment of risk and management of the risk to the patients of the Trust.</p>	
<p>Purpose</p> <ul style="list-style-type: none"> <li>To provide local direction on the human resources and risk concerns arising from an allegation.</li> <li>To ensure effective governance, human resources and risk management processes are in place, through oversight of cases by the Executive Team quarterly.</li> <li>To identify and prioritise patient safety and staff welfare.</li> <li>To ensure all support and actions which are required to be taken are put in place, through this meeting and tracked.</li> <li>To identify risks and ensure they are aligned across the Trust sites.</li> <li>To identify and prioritise patient safety and quality improvement activities</li> <li>To receive regular reports on incidents raised, investigations being undertaken and ongoing risks and monitor actions to ensure they are timely any actions arising from reports.</li> <li>To identify themes and priorities for the Trust</li> <li>To ensure learning from allegations, present these to the Safeguarding Committee and cascade learnings through directorate representation from this meeting.</li> </ul>	
Decisions/Recommends/Authority	Decision Making.
Reports to.	Trust Safeguarding Committee.
Reports received.	
Status (standing project etc).	Standing.
Frequency and duration.	Monthly.
Chair	Associate Director of Safeguarding.
Vice Chair	
Standing Agenda Items.	<p>Incident</p> <ul style="list-style-type: none"> <li>Monthly summary of new allegations.</li> <li>Monthly summary of outstanding allegations.</li> <li>Assessments of risk against allegations for the Trust.</li> <li>Themes from Allegations.</li> <li>Ongoing work.</li> </ul>

	<ul style="list-style-type: none"> <li>• Actions required, by whom, and when.</li> </ul>
Minute Taker	
Meeting Co-Ordinator.	Associate Director of Safeguarding.
Quorum	Three members of Committee.
Terms of Reference endorsed by:	Trust Safeguarding Committee.
Date	2024
Review Date	
Membership.	Corresponding members.
<ul style="list-style-type: none"> <li>• Associate Director of Nursing for Safeguarding.</li> <li>• HR Directorate Business Partner.</li> <li>• Directorate Senior Lead Representative.</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Nurse.</li> <li>• Deputy Chief Nurse.</li> <li>• Medical Director.</li> <li>• Deputy Medical Director.</li> </ul>