

**Standard operating procedure (SOP)
Allegations Against Staff Policy**

Persons in a Position of Trust (PiPoT)

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Directorate:	Corporate		
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APPROVAL			
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Version Control

Version	Date	Author	Amendments:
1.0	2023	Associate Director of Nursing for Safeguarding.	New document
1.1	26th January 2024	Associate Director of Nursing for Safeguarding.	Revision in line with Patient Safety Incident Response Framework.
1.1	November 2024	Associate Director of Nursing for Safeguarding.	SOP reviewed in light of review date, transferred to new document.

Key Contacts:

Title	Contact
Associate Director for Safeguarding	Sam Hunt Via Teams
Named Nurse for Safeguarding Adults	Linda Coultrup via Teams
Named Nurse for Safeguarding Children	Jayne Fox via Teams
Safeguarding Adults Team	0300 5555 870
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Allegations against Staff Initial Actions to be Taken.

Any member of staff who becomes aware of an allegation or a suspicion of an allegation in relation to a child, young person, or adult at risk, or domestic abuse by a member of Trust staff, must report it to their Line Manager (or Senior Manager if Line Manager is unavailable).



The member of Trust staff 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.



Trust staff must immediately report the nature of the allegation to the Trusts Safeguarding Team, where support and guidance will be provided. If out of hours and the allegation is of a serious nature and the safeguarding team are or will not be at work before the subject of the allegations next shift, the Director On Call should be notified.



Within one working day the nature of the allegation must be escalated to the Associate Director for Safeguarding or their Deputy.



The safety of the child, young person or an adult at risk or domestic abuse victim 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.

1.0 INTRODUCTION

Cambridgeshire and Peterborough NHS Foundation Trust (hereafter to be known as the Trust) is committed to both national and local guidance to manage allegations against staff or volunteers working for, or with, the Trust.

1.1 This SOP 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 where there is suspicion about harmful behaviour towards a child or adult, either in employment or in their personal life. These allegations may be current or historical.

2.1 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 (2023) and sets out expectations that all statutory organisations will have a procedure for managing allegations against staff.

2.0 OBJECTIVES and AIMS

2.1 The aim of this Standard Operating Procedure (SOP) 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. Allegations may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with adults at risk and or children in their present position, or in any capacity. This is referred to as the Person in Position of Trust or PIPot process. The allegation may arise either in the employee's work or private life and can be deemed current or historical.

3.0 DUTIES, ROLES and RESPONSIBILITIES

3.1 This Standard Operating Procedure 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 at risk people. 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.

3.2 Employers Responsibilities.

In line with the Care Act 2014 and Care & Support Statutory Guidance, the Trust should have in place policies to manage allegations against people in positions of trust in their employment, either in a paid or unpaid capacity.

Locally, these policies should align with the [Cambridgeshire and Peterborough Safeguarding Adults Board Multi-Agency Policy and Procedures](#) (October 2017).

The Trust retains that responsibility at all times, for risk assessing the allegation made about a person who works for them, either in a paid or unpaid capacity, and the risk they may, or may not, pose to children, young people or adults with care and support needs who engage with the Trusts services.

4.0 TRAINING and COMPETENCY

All staff involved in allegation investigations must complete:

- Trust Safeguarding training (as per existing requirements)
- Equality and Bias Awareness training specifically covering unconscious bias in investigation processes
- Cultural Competency training for working with diverse communities

See Cambridgeshire and Peterborough NHS Foundation Trust - Allegations Against staff Policy HR101 – for further information.

5.0 PROCESS and CONTENT

5.1 Definition of Persons in a Position of Trust (PiPoT).

The meaning of the term people in a position of trust *is people who work, in either a paid or unpaid capacity, with children, young people or adults with care and support needs.*

In relation to this process the person in a position of trust will have had an allegation raised that they may pose a risk to children, young people, or adults at risk because, in their life outside of their work environment, they are alleged to have:

- Behaved in a way that has harmed or may have harmed a child, young person, or adult.
- Possibly committed a criminal offence against, or related to child, young person, or adult.
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to children, young people, and adults.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children, young people, or adults.

5.2 Consent and Information Sharing.

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, unless it increases the risk to the victim/ may impact on a police investigation, in which case individual guidance will be given by the safeguarding team.

The referrer should encourage the person in a position of trust to share information with their employer in order that they are aware that an allegation has been made, the nature of that allegation and they be able to access support and advice.

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 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 MASH in situations where the person the allegation is about has not been informed that the referral is to be made.

Decisions to share information should be justifiable, proportionate, and relevant to the individual situation presented.

Giving due regard to Article 8 of the Human Rights Act 1998 that states the *Right to respect for private and family life*, the General Data Protection Regulations 2018. and applicable legal requirements.

All decision-making processes, including information sharing, should be clearly recorded.

5.2.1 Equality considerations and non-discrimination

All investigations must be conducted with due regard to equality and human rights:

- Where staff or victims have disabilities, reasonable adjustments must be made to ensure full participation in the investigation process, including.
 - Accessible meeting venues and formats.
 - Alternative communication methods (e.g., BSL interpreters, large print).
 - Additional time allowances where needed.
 - Advocacy support if appropriate.
- Investigators must demonstrate cultural awareness and sensitivity, considering.
 - Religious or cultural practices that may affect investigation approaches.
 - Language barriers and interpreter requirements.
 - Cultural perceptions of authority and disclosure.
- All staff involved in investigations must:
 - Receive equality and bias awareness training.
 - Consider potential unconscious bias in assessment of allegations.
 - Document decision-making rationale to ensure transparency.
- Enhanced confidentiality protections apply to sensitive personal characteristics, with information shared only where essential for safeguarding purposes.

5.3 Process for managing the allegation.

5.3.1 Areas where concerns may originate.

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

5.3.2 Reporting Allegations and Initial Actions to be taken.

- Any member of staff who becomes aware of an allegation or a suspicion of an allegation in relation to a child, young person, or adult at risk, or domestic abuse victim by a member of Trust staff, must report it to their Line Manager (or Senior Manager if Line Manager is unavailable).
- Must report to the Trust's Safeguarding Team immediately.
- Within one working day the concern must be escalated to the Associate Director for Safeguarding or their Deputy.

- The safety of the child, young person, adult at risk, or domestic abuse victim is of paramount importance.
- Urgent action may be required to secure the immediate safety of any children, young people, or adults at risk, or domestic abuse victim, 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.
- If out of hours and the allegation is of a serious nature and the safeguarding team are or will not be at work before the subject of the allegations next shift, (if relevant) the Director On-Call should be notified.

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

- The victim should be helped to understand the progress of the case.
- 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.

5.3.4 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, or may interfere with a police investigation, it is good practice that the individual should be informed of the allegation that has been made against them.
- To provide full explanation of the process which will follow.
- The Trust disciplinary and investigations processes must be followed.
- All communications must consider individual needs including:
 - Reasonable adjustments for disabilities.
 - Cultural and religious sensitivities.
 - Language requirements and interpreter services.
 - Timing considerations for maternity circumstances.

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

- From the outset to contact their union representative.
- The opportunity to respond to allegations/concerns.
- Treated fairly and honestly and helped to understand the concerns expressed, processes involved and possible outcomes
- Clearly informed of the outcome of any investigation and the implications for disciplinary or related processes.
- Be provided with appropriate support via Occupational Health and the Trust Counselling and Emotional Health and Welfare Service. [Staff Wellbeing Service | Intranet \(cpft.nhs.uk\)](http://cpft.nhs.uk)

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 or has not yet been reported but may interfere with any future police investigation.

5.4 Further Actions that will be taken by the Trust.

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 the allegation meets the criteria as set in the Trusts Safeguarding Policies.

At the earliest opportunity (within one working day) following the disclosure of the allegation, An Allegation Against Staff Initial Risk Assessment Meeting will be held. The purpose of this meeting is to mitigate any risk and agree immediate management of the individual(s).

5.5 Outcome.

In cases where the employers risk assessment and investigation leads ultimately to a member of staff being redeployed to a different role, or removed from employment, (or would have if the person had not left first) because they pose a risk of harm to adults and or children, a referral must be made to the Disclosure and Barring Service (DBS) if applicable, this referral will be made by the decision maker at the conclusion of the investigation / disciplinary process see (*Disciplinary Policy*).

5.6 Contact Information.

PiPoT referrals should be sent direct to the appropriate Adult MASH team. The contact details are.

Peterborough City Council

Email PIPOT@Peterborough.gov.uk

Telephone 01733 747474

Cambridgeshire Country Council

Email PIPOT@Cambridgeshire.gov.uk

Telephone 01480 379019

6.0 ASSOCIATED DOCUMENTS

Working Together to Safeguard Children (2023)

<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

LSAPB – Multi- agency procedures (2021)

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

LSCPB – 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.

7.0 MONITORING COMPLIANCE

Document Section		Control	Check to be carried out	How often will the check be carried out	Responsible for carrying out the check	Results of check reported to	Frequency of reporting
Page	Section	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
4		That if an allegation is made against a Trust member of staff where there is suspicion about harmful behaviour towards a child or adult, either in employment or in their personal life. The appropriate action is taken.	This is monitored through audits, spot-checks of documentation, analysis of incident trends, monitoring of attendance at training.	As per audit timetable' Daily. Datix, PSIRF, complaints. Monthly	Trust Safeguarding Team.	Trust Safeguarding Committee	As per timetable

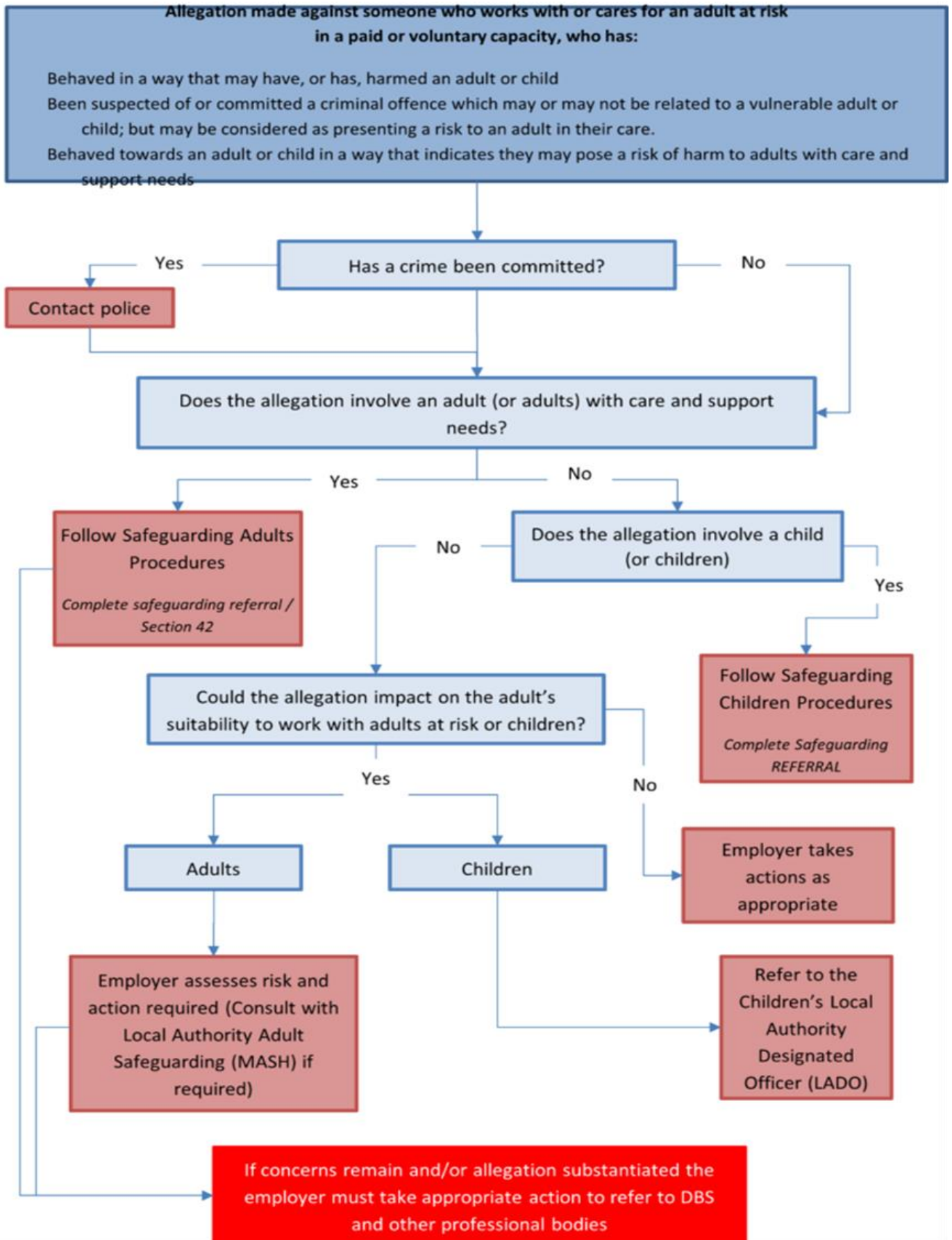
7.1 EQUALITY MONITORING

The Trust will monitor:

- Protected characteristics of staff subject to allegations (anonymised data)
- Investigation outcomes by protected characteristics
- Reasonable adjustments requested and provided
- Complaints about discriminatory treatment during investigations

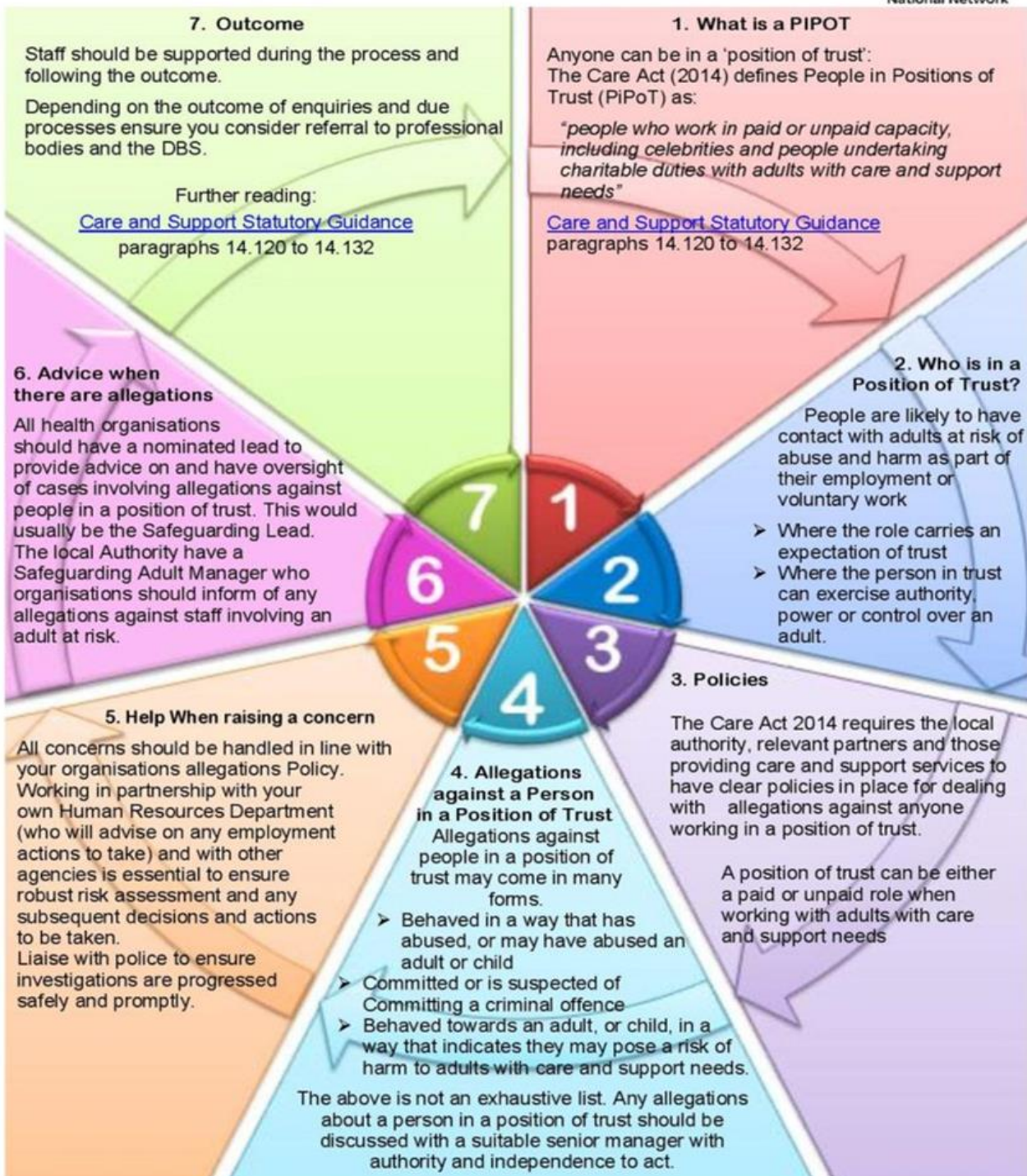
Annual reporting to Trust Safeguarding Committee and Equality, Diversity and Inclusion service.

APPENDIX 1: DEFINITION OF TERMS – Allegations made against someone who works with or cares for an adult at risk in a paid or voluntary capacity.



7 Minute Briefing: People in Position of Trust (PiPOT) relating to Adults at Risk

SANN
Safeguarding Adults
National Network



APPENDIX 3: EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has been completed to assess the potential impact this policy might have upon protected groups or how it is likely to influence the Trust's ability to comply with the Public Sector Equality Duty.

The author of this document has considered any potential impacts. There are no specific adverse impacts for people with protected characteristics identified.

If you require this policy in a different format (e.g. larger print, Braille, different language or audio) please contact the Corporate Governance Team (corporateoffice@cpft.nhs.uk).

Who will be affected by the content of this document? (e.g. staff, patients, service users etc.)	All Trust staff
What are the desired outcomes of this document?	To support staff when dealing with situations, provide them with knowledge and resources.
What does this policy, function, process link to in terms of wider business plans and objectives?	This policy and SOP forms part of the Safety and the Safeguarding agenda.

Evidence Considered:
<p>Working Together to Safeguard Children (2023) Care Act (2014). Children Act (2004). Local Safeguarding Children Partnership Board – Multi-agency procedures. Local Safeguarding Adults Partnership Board – Multi-agency procedures Human Rights Act (1998). General Data Protection Regulations (2018). Freedom to Speak Up Policy HR13. Disciplinary Policy and Procedure HR23.</p>

When assessing potential impacts of this document on equality groups, the following has been demonstrated, in accordance with General Duty of the Equality Act 2010:

(Please tick the appropriate boxes)

Age <i>Consider age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment
Armed Forces Community	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment
Disability <i>Consider any attitudinal, physical and social barriers.</i>	<input type="checkbox"/> Positive	<input type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment The SOP requires amendment to include

				provisions for reasonable adjustments during investigation processes for staff or victims with disabilities, including accessible communication formats and meeting accommodations.
Carers <i>Consider part-time working, shift-patterns, general caring responsibilities.</i>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment
Gender Identify or Reassignment <i>Consider transgender and transsexual people. This can include issues such as privacy of data and harassment.</i>	<input type="checkbox"/> Positive	<input type="checkbox"/> None	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment Additional confidentiality protections needed to safeguard sensitive personal information during investigation processes.
Marriage and Civil Partnership	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment
Pregnancy and Maternity <i>Consider working arrangements, part-time working, infant caring responsibilities.</i>	<input type="checkbox"/> Positive	<input type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment Consideration needed for timing and stress impact of investigation processes on pregnant staff or those on maternity leave.
Race <i>Consider difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i>	<input type="checkbox"/> Positive	<input type="checkbox"/> None	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment The SOP should include cultural competency requirements for investigators and consideration of potential bias in allegation assessment to ensure fair treatment across all ethnic groups.
Religion or Belief <i>Consider people with different religions, beliefs or no belief</i>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment
Sex (Gender) <i>Consider men and women (potential to link to carers below).</i>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment
Sexual Orientation <i>Consider heterosexual people as well as lesbian, gay and bi-sexual people.</i>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment
Other <i>Consider and include the source of any evidence on different socio-economic</i>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Negative	<input type="checkbox"/> Comment

groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.				
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Engagement and involvement

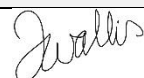
Have you consulted or engaged stakeholders in testing and/or gathering evidence to support the content of this policy?

If so, with Safeguarding Committee Members

If not, why not?

Action Planning for Improvement:

	Action/s required to address gap:	Target Date	Executive Lead
Need to define specific adjustments and approval process.	Add reasonable adjustments provisions to SOP Section 5.3.4	23/06/2025 + 30 days. Completed 07/07/2025	Associate director of nursing for safeguarding
Training requirements and competency framework needed.	Include cultural competency requirements for investigators.	23/06/2025 + 30 days Completed 07/07/2025	Associate director of nursing for safeguarding.
Balance with information sharing requirements.	Add enhanced confidentiality protections for sensitive characteristics.	23/06/2025 + 30 days. Completed 07/07/2025	Associate director of nursing for safeguarding.
Policy interface with HR policies.	Include maternity considerations in investigation timing.	23/06/2025 + 30 days. Completed 07/07/25.	Associate director of nursing for safeguarding.
Monitoring, evaluating & reviewing	<ul style="list-style-type: none"> With Policy updates. Implement equality monitoring. Review annually with updated evidence. 		Associate director of nursing for safeguarding.

Agreement by:	Signature:	Date:
Equality, Diversity and Inclusion Lead (if required)		11/07/2025