



# Allegations Management Policy

## (CSPP No. 22)

<b>DOCUMENT INFORMATION</b>	
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<b>Date of ratification:</b>	11 <sup>th</sup> of July 2018
<b>Date of Issue:</b>	11 <sup>th</sup> of July 2018
<b>Review due by:</b>	11 <sup>th</sup> of July 2021
<b>Version:</b>	<b>V3.2</b>



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## **1. Introduction**

Children and vulnerable adults can be subjected to abuse by those who work with them in any and every setting. All safeguarding allegations of abuse or maltreatment of children and adults by a professional, staff member, student paramedic on placement, observer, volunteer or contractor, must therefore be taken seriously and treated in accordance with consistent procedures.

The purpose of this policy is to set out how the Trust will manage any allegations of abuse to children and vulnerable adults relating to a member of staff, volunteer or contractor. This includes allegations relating to incidents both during the course of the work of the Trust, or related to incidents outside of the work of the Trust, of which the Trust has been made aware.

These arrangements are based on the guidance contained within Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (March 2013) and the principles of protection upheld by the Children Act (1989, 2004). The legislation pertaining to Safeguarding Vulnerable Adults does not at present contain reference to Allegations against Staff. However for the benefit of this Policy and in the spirit of 'good practice', the principles applied to children will be applied to vulnerable adults.

Associated relevant legislation and guidance pertaining to Allegations against Staff include the Sexual Offences Act (2003) and No Secrets (2000).

Allegations against staff procedures involve a multi-agency approach and is led and managed by the statutory role of Local Authority Designated Officer (LADO) outlined within Working Together to Safeguard Children (2013 – Chapter 2). This guidance offers a framework for the management of cases of allegations made against staff that work with children. Allegations regarding vulnerable adults will also be commensurate with guidelines from Adult Social Care (ASC) agencies across the South Central Ambulance region.

*Throughout this document the term 'employee' or 'member of staff' will be used to mean anyone who works for, is observing or whose services are commissioned by SCAS, either in a paid or voluntary capacity working on or off SCAS premises, vehicles or sites.*

## **2. Scope**

This policy applies to all staff and contract staff working for or on behalf of SCAS.

## **3. Aim**

This policy is set out to guide staff and managers when the Trust receives an allegation that one of our staff has abused a vulnerable person or child. Within the policy it lays out the processes the Trust must take when in receipt of this type of allegation or complaint.

## **4. Roles and Responsibilities**

The roles and responsibilities should set out accountability and delegation of responsibilities. This list is not exhaustive, but the following staff must be included.



#### **4.1 Trust Board**

The Trust Board has overall responsibility to ensure that the management of Allegations against Staff is undertaken on an aggregated basis to optimise the recognition of trends and enable a consistent and quality response to the issue across the South Central area. This will aim to support the Governments goal of minimising inequalities and improving health outcomes for the population.

#### **4.2 Chief Executive**

The Chief Executive is accountable for the proper and effective management of risk within the Trust and is responsible for ensuring the safety of patients, visitors and staff within the organisation. The Chief Executive's responsibilities will include:-

- a) Having robust systems in place to identify trends and themes around Allegations against Staff incidents
- b) Ensuring that measures are taken to ensure that the safety of patients, staff and visitors is not compromised;
- c) Having robust systems in place to learn lessons across the organisation where possible;
- d) Ensuring this procedure is implemented within all areas of the Trust through responsible Directors and Managers.

#### **4.3 Executive Director**

The designated board member responsible for the Policy for the Management of Allegations against Staff will be the Executive Director of Patient Care and Service Transformation

#### **4.4 Managers and Supervisors**

The Named professional responsibilities will include:

- a) To act as the Trusts advisor with regard to any allegation made against any persons working for SCAS directly employed, volunteering or commissioned by SCAS to provide services:
- b) Ensuring aggregated data relating to allegations against staff is analysed and that any trends or common themes are identified and communicated to all relevant individuals or groups:
- c) Ensuring, where appropriate, that action plans are developed by identified managers and monitored effectively:
- d) Communicating learning points identified during investigations to relevant internal and external stakeholders:
- e) Co-ordinating the production of reports for committees as necessary;
- f) Co-ordinating the production of the Trust's annual safeguarding report.



- g) To maintain links with the wider safeguarding children and vulnerable adults' network, and ensure that relevant information is disseminated as required to all staff within the Trust.
- h) In conjunction with the HR Team, to ensure the policy is updated every 24 months and to support relevant Local Safeguarding children Boards (LSCB) and Local Safeguarding Adults Boards (LSAB) in their multi-agency safeguarding children and vulnerable adults work.
- i) To offer support and guidance to staff with concerns about issues relating to concern, whistle-blowing and allegations against Staff.
- j) To maintain up to date and high level knowledge of safeguarding children and safeguarding vulnerable adults legislation, guidance and recommendations.

### **Human Resources**

- a) To ensure that all cases of allegation against staff are investigated and managed in accordance with this policy.
- b) To support the investigating management throughout the investigation process
- c) To attend local strategy meetings as and when required
- d) To ensure management of the case is in accordance with other Trust policies and procedures.

### **Other Specialist Advisers**

The Trust will use other specialist advisers which may include:

- Health, Safety and Risk Teams (where required)
- Local Safeguarding Children's Boards (LSCB)
- Local Safeguarding Adults Boards (LSAB)
- Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Public Protection Arrangements (MAPPAs) and local Police Constabularies
- The Trust's solicitors
- Commissioning Consortium Groups (CCG)
- Children's Death Overview Panels (CDOP)

### **4.5 All staff**

All staff have a responsibility to ensure:

- a) Personal responsibility for any action or omission which would knowingly cause offence or risk to others
- b) Co-operation with investigations to ensure that allegations are fully and fairly investigated



- c) Ensuring, as far as within their control, that any learning points that have been communicated to them are implemented.
- d) Personal responsibility for reporting initial concerns about potential abusers i.e. liaison with the Safeguarding Lead, Line manager, Human Resources in line with the Trust's Policy and Guidance for the Management of Allegations against Staff.
- e) Awareness of the policy

## 5. Definitions

All definitions are contained within the body of this policy.

## 6. Abbreviations

All abbreviations are fully detailed in the body of this policy.

## 7. Allegations

This procedure applies to allegations where there is reasonable cause to suspect that a child or vulnerable adult is suffering, or is likely to suffer, significant harm. It also applies to cases where allegations are made that indicate that a person is unsuitable to work with children and vulnerable adults in their current role, or in any capacity.

The Trust may be made aware of an allegation from a variety of sources, for example through a member of staff highlighting a concern, the police, social services, via patient liaison service PALS enquiry, complaint enquiry complaint to the Patient Experience Team or from any other part of the organisation, this list is not exhaustive.

Action should be taken as soon as possible to inform the employee against whom an allegation has been made, about the nature of the allegation, how enquiries will be conducted and the possible outcome. However, the Local Authority Designated Officer (LADO), Adult Social Care (ASC) or Police should be consulted **before** informing the member of staff of the allegation, to ensure that this does not impede the appropriate exercise of enquiry, disciplinary or investigative processes.

In instances where contact is initially made by the police, the Trust may be governed to act in accordance with timescales requested by the police. For example, in some cases the police may wish for the Trust to refrain from approaching the individual about the allegations until they have made initial contact.

In all cases, a manager must ensure that the Director or Assistant Director within their directorate line, along with the Director or Assistant Director of HR and the Named Professional for Safeguarding, are made aware of the allegation without delay.

Allegations may take two forms:

- Allegation relating to an incident(s) occurring as part of an individual's employment with the Trust (This may be through a substantive/temporary contract of employment or through voluntary services and/or any persons commissioned to work on behalf of SCAS). This includes celebratory and VIP visitors. See the Celebrity, VIP and Visitor access Policy.
- Allegation relating to an incident(s) outside of employment with the Trust.



### **7.1 Allegations relating to incidents occurring during employment with the Trust**

Allegations may arise in a number of ways from a number of sources, e.g. a concern, a suspicion, a complaint or report from a child or vulnerable adult, parent or other adult within or outside of the Trust; or from information arising from a disciplinary, criminal or child protection investigation, or clinical review. This may also include activities relating to terrorism and/or violent extremism which must be reported in accordance with government strategy in the prevention of a person becoming radicalised by any extremist ideologies to cause harm Prevent/Contest strategies.

### **7.2 Allegations regarding actions outside of employment with the Trust**

If concerns arise about the person's behaviour in regard to his/her own children or vulnerable persons occurring outside of their employment with the Trust, Police and/or Social Care will inform the SCAS Named Professional for Safeguarding in order to assess whether there may be implications for children or vulnerable persons with whom the person has contact through their work.

All allegations should, in the first instance, be considered as requiring a child/vulnerable adult protection response. However, following an initial multi-agency evaluation, less serious allegations may be dealt with under the Trust's performance management, disciplinary or complaints processes.

Any allegation made against a member of staff of physical punishment of a child/vulnerable adult, whilst carrying out their duties should be dealt with under these procedures.

Other situations where these procedures apply include:

- i. Abuse of trust – involving a child/vulnerable adult in sexual activities, where a professional relationship of trust exists;
- ii. Grooming – developing a relationship with a child, young person or vulnerable adult with the intention of perpetrating sexual harm (Sexual Offences Act 2003);
- iii. Offences suggesting a person may pose a risk of harm to children/vulnerable adult, including:
  - Possession of child pornography/Accessing inappropriate websites
  - Serious assault on an adult
  - Perpetration of domestic abuse
  - Serious drug offences
  - Cumulative concerns, including multiple unfounded/ inconclusive allegations of abuse
  - Concerns indicating neglect or emotional harm
  - Allegations of abuse relating to an employee/volunteer's previous employment or events in their past.
  - Involvement in terrorism or violent extremism



### **7.3 Support For The Individual**

Once the employee has been made aware of the allegation they should be treated fairly, honestly, in a non-judgemental way and offered support throughout the investigation process, as should other members of staff affected by the situation.

The Trust accepts that it is distressing for an employee if an allegation is made against them, and as part of the Trust's duty of care undertakes to ensure that the employee has appropriate support. This support will be given both during the investigation (and the employee's suspension if this step has been taken) and beyond its completion if necessary.

Support offered and given must be handled sensitively and carefully to ensure that no evidence is lost or contaminated; advice may need to be sought from the police as to boundaries of support offered.

As soon as an employee is made aware of the allegation or concerns, a named person (selected in consultation with the employee) should be identified to act as a support for the employee and to ensure that communication is effective between all parties concerned. The employee must be made aware that any information which they share with the named person may have to be passed on to the police or social services, if felt to be relevant to the investigation.

The employee should be advised to seek legal advice and to contact their union (if they are a member) as soon as possible.

The pace of internal processes will often be dependent upon enquiries made by other agencies, such as Social Care and the Police. However, all internal processes must be completed as quickly as possible, without impeding a thorough investigation or undermining any police investigation. The member of staff/volunteer should be made aware of the support available within the Trust such as the counselling service.

### **7.4 Action During The Investigation**

The Trust must decide whether it is necessary to suspend, during investigation following a thorough risk assessment, without prejudice, the employee against whom the allegation has been made. This decision must be very carefully considered and should not be undertaken without good reason. The decision should be made with the advice of the LADO, SCAS Named Professional for Safeguarding, and also the Police if there is a belief that a criminal offence may have been committed. This should also be in accordance with the Trust's Disciplinary Policy and Procedure.

Suspension should always be considered following the Trusts discipline and conduct procedures where:

- There is cause to suspect a child/vulnerable adult is at risk of significant harm,  
or



- There is concern that if the staff member under investigation could put the public at risk by continuing to work, or
- The allegation warrants investigation by the police, or
- The allegation is so serious that it might be grounds for dismissal or
- Where it is necessary to allow the conduct of an investigation to proceed unimpeded

A Risk Assessment meeting with the staff member's line manager, Head of Service, senior HR manager and the SCAS Named Professional for Safeguarding must be considered/completed to determine whether the member of staff should be suspended. This assessment must be recorded and a copy kept on the file.

Any decision to suspend a member of staff must always involve the relevant Area Manager/ Assistant Director, Director/ Assistant Director of HR and the SCAS Named professional for Safeguarding. It may also be appropriate to seek legal advice.

In the case of an incident where it is not practicable to obtain immediate advice, for example, out of hours, a reasonable course of action as an interim measure would be to send the individual(s) home following consultation with the on call manager for the locality and the duty Director on call. Legally this may be regarded as a suspension, but at this stage the official process of suspension will not have been taken. The action is also reversible should the Silver officer or duty Director subsequently decide to take alternative action. If the decision is then to suspend, then the normal process should be carried out immediately.

The suspension must be carried out face to face with the member of staff concerned, wherever possible. **Please see the Discipline and Conduct policy for suspending a staff member.**

The process must be handled sensitively. The member of staff should be informed that an allegation has been made against him/her and that suspension is being considered as a precautionary measure pending a full investigation of the case. The member of staff should be given as much information that **is consistent and will not interfere with an investigation into the allegation**. The member of staff should be informed that his/her status is not affected by the suspension.

When called to an interview where suspension is a possible outcome, the member of staff should be advised to seek the advice and assistance of his or her Trade Union or professional association.

In some cases, particularly when the allegation relates to an incident occurring during the course of an individual's work with the Trust, there may be a need to preserve all available forensic evidence. In this instance the member of staff should be asked to return any patient records or Trust documentation, keys and laptops and, under strict supervision, collect any personal belongings which he/she might require during the period of suspension.

All efforts should be made to seek to agree with the member of staff what his/her colleagues will be told concerning the reason for his/her absence.

Written confirmation of the suspension should be completed within 2 working days of the meeting, stating the reasons for suspension. Wherever possible, written confirmation should be prepared and handed to the individual at the meeting.

Where suspension is considered appropriate the Trust should also consider if possible alternatives to suspension could be used e.g. transfer of duties not involving contact with children/vulnerable adults, additional supervision/support.



## 7.5 Confidentiality

It is recognised that allegations of abuse or harm to a child/vulnerable adult can have a profound effect on the victim and his/ her family, the employee against whom the allegation was made and their family, along with colleagues of the employee. For this reason it is imperative that all concerned understand the need to maintain the confidentiality of those affected.

All information shared should only be on a 'need-to-know' basis, with all decisions, including the rationale for those decisions, regarding the sharing, or withholding of information carefully recorded.

Consideration must also be made if the employee has a spouse, partner or family also working within the Trust. The employee and their family will have access to the trusts confidential advice line (OPTUM)

## 7.6 Strategy Meetings

The local authority provides designated officers, LADOs, who can be contacted for consultation about any allegation against an adult who works with children or vulnerable adults, whether in a paid or voluntary capacity. If they decide that an allegation requires investigation by police and or social care, they will recommend referral and arrange a Senior Strategy Meeting.

## 8. What is a Senior Strategy Meeting?

It is a multi-agency discussion between the Local Authority Designated Officer, police, SCAS Named Professional, Senior HR manager and a senior manager of the staff member to agree action, following a referral where an individual who works with children / vulnerable adult(s) is alleged to have:

- Behaved in a way that has harmed or may have harmed children / vulnerable adult(s)
- Possibly committed a criminal offence against or related to children / vulnerable adult(s)
- Behaved towards children / vulnerable adult(s) in a way that indicates s/he is unsuitable to work children / vulnerable adult(s)

The main purpose of the discussion is to ensure the safety of any children or vulnerable adults. However, the role of the Trust in the discussion relates to the duty of care to the member of staff and ensuring adequate support is provided for the member of staff.

When reaching decisions on further actions, the members of the Strategy Meeting will balance the welfare of the child/ children or vulnerable adult(s) (which must remain paramount) and the interests of the member of staff.

It is **not** the role of the Strategy Meeting(s) to decide whether a person should be suspended, although the meeting may recommend a course of action regarding suspension. Therefore, SCAS will consider whether the employee against whom the allegation has been made should be suspended (without prejudice), or re-deployed to a non-patient/client area.



The chair of the meeting should ensure the information, decisions and actions, are recorded. A copy of the record should be given to attendees of the meeting soon after the discussion, but attendees should also make notes of any actions pertaining to the employment or duties of the individual concerned. If you identify any discrepancies in the official record, you should inform the Chair so they can be resolved as soon as possible following the distribution of the minutes of the meeting.

### **8.1 Trust representatives at the Strategy Meeting**

The Trust will consider who should attend the Strategy Meetings. However, normally this would be:

Investigating Manager  
HR Representative  
Safeguarding Lead

The employee who is the subject of the allegation will not be invited/entitled to attend the Strategy Meeting

A final meeting will be held at the end of child/adult protection enquiries or criminal investigation to review the case, categorise the allegation and plan any further actions required, including any issues to be shared with the Local Safeguarding Children Board, Local Safeguarding Adult Board or the Trust regarding need for procedural review, training, risk management etc.

Outcomes of any Trust internal procedures must be reported to the LADO/ASC & the Chair of the Allegations Against Staff Strategy Meeting. This will be the responsibility of the investigating officer or Named Professional for Safeguarding

If the allegations are substantiated then the internal Trust process may possibly be dealt with under the Trust's Disciplinary Policy & Procedure. This should also include the Trust undertaking an internal enquiry, to ascertain what lessons can be learned by the organisation and how to apply those lessons.

### **8.2 Update meeting**

Alongside the strategy meetings, the designated welfare manager and HR representative will also hold regular meetings (usually every 14 days) with the individual(s) concerned and their Trade Union representative to discuss the following:

- Update on the progress of the police investigation
- Discuss welfare and any support the Trust may offer
- If suspended, confirmation of when this will be reviewed
- If placed on alternative duties, discussion around any issues/concerns
- Agree any actions required



- Agree dates for the next meeting

If the individual is either suspended or placed on alternative duties, thought should be given to the location of the meeting. It may be appropriate to hold the meeting on an alternative Trust site to the individual(s) normal work location. In addition, care should be given to ensure that there is an appropriate room available for the meeting to ensure confidentiality. These meeting will only take place once the police have completed their investigations.

A letter should be sent by the investigating manager following the meeting, confirming the discussion, actions agreed and the date, time and location of the next meeting.

### **8.3 When an Allegation is Unsubstantiated**

Where, following Police or Social Care investigations, it is concluded that the allegation is unsubstantiated; the chair of the Allegations against Staff Strategy Meeting will prepare a report of the enquiry and forward this to the investigating manager who attended the strategy meetings. The report will enable the Trust to consider what further action, if any, should be taken.

Allegations may be unsubstantiated from a criminal perspective either because they do not reach the threshold for criminal prosecution, because a person has not been convicted on the burden of proof of 'beyond all reasonable doubt' or because it is not perceived to be in the public interest to proceed with a prosecution. However, there may be sufficient evidence for the case to be considered under an internal Trust disciplinary procedure where the burden of proof is on 'the balance of probability'. This is to ensure the protection of the public and the reputation of SCAS

Arrangements should be in place to ensure that evidence/information gathered in the course of a Social Care enquiry or Police investigation (only after the police have completed their investigations) are made available to the employer for disciplinary, regulatory or complaint proceedings. This will be co-ordinated by the SCAS Named Professional for Safeguarding

Where concerns remain about an employee's conduct or behaviour in relation to children/vulnerable adult, internal enquiries should continue and may include the commissioning of a specialist risk assessment to consider the risk that the employee/volunteer may still pose.

The investigation will continue to completion, irrespective of whether the person refuses to cooperate or where the person ceases to provide their services (e.g. resigns or retires), in order to establish if the allegation is substantiated. **'Compromise agreements' must not be used** i.e. where a member of staff agrees to resign and a future reference is agreed. If the allegations are substantiated, relevant professional and registering bodies will be informed e.g. Disclosure and Barring Service (DBS), General Medical Council, HCPC, NMC etc. The employee will be informed of this in writing by the investigation officer.

Where the employee is also employed by another employer, the Trust will consider the necessity to inform that employer of any relevant concerns. This issue will be addressed at



the initial meeting. A balance will need to be struck between maintaining the employee/volunteer's confidentiality, and breaching that confidentiality if it is in the wider public interest to do so. Information will only be disclosed on a 'need to know' basis following consultation with the Safeguarding Lead and the Head of Information Governance.

#### **8.4 Action on Conclusion of the Case:**

Where Investigations into allegations against employees are upheld the outcome will be placed on the employee's personal file.

Where it is found that the employee did not commit the alleged act, or that there are no grounds for concern, the employee should be notified in writing within 7 days of the decision, and that no further action will be taken. The appropriate HR representative will consider the employee's need for on-going support e.g. counselling.

If an allegation is substantiated (whether or not the person is dismissed, or the Trust ceases to use the person's services, or the person resigns or stops providing services), the Investigating Manager and the LADO/ASC will complete a referral to the appropriate regulatory body e.g. the General Medical Council, HCPC, NMC etc. Further consideration will then be given as to whether the individual should be barred from, or have restrictions imposed in respect of, working with children/vulnerable adults when remaining employed with SCAS. If such a referral is to be made it should be made as soon as possible after the conclusion of the investigation.

In all cases where the allegation is substantiated, disciplinary proceedings will be instigated and followed by the Trust.

If, on conclusion of the case, it is decided that the person who has been under investigation is to return to work, the Investigating Manager in conjunction with their line manager must consider how best to facilitate this and what support may assist the employee to do so after what has, most probably, been a very stressful experience. This should include consideration of contact with the person(s) who made the allegation and/or the child or vulnerable adult who was the subject of the allegation, and any needs for monitoring or training (and where appropriate the parameters e.g. time frame/review periods for such monitoring or training).

#### **8.5 Conflict Of Interest**

It is essential that all allegations are considered objectively

Any person involved in the consideration and/or investigation of an allegation must declare any possible conflict of interest in their personal or professional life, e.g. if the allegation relates to someone known to them such as a relative, friend, colleague, (including colleagues worked with regularly in another agency,) or someone from an organisation to which they are affiliated e.g. religious, social etc.

When enquiries/ investigations are required, due consideration should be given to ensuring objectivity, for example,

1. Use of staff within the organisation that are sufficiently separate from the line management of those against whom the allegation is made.



- ii. An arrangement with another police authority/ local authority
- iii. The appointment of independent investigator(s) to undertake the investigation or oversee the process
- iv. The Trust Safeguarding Lead will at all times remain outside of the investigation to act as a Trust advisor ensuring that the processes are followed correctly, unless there is a conflict of interest. If this is the case, then a suitably qualified member of the Safeguarding team or Safeguarding Professional from another NHS Trust will undertake this role

## 8.6 Record Keeping

All involved should keep clear and comprehensive records. The Investigating Manager should compile a summary of:

- the allegation
- actions taken
- decisions made and reasons for them

On completion, a copy should be provided to the employee.

Trust records should be retained on the employee's confidential personal file until normal retirement age or for ten years, whichever is the longer. Where disciplinary action has been taken and either proven or part proven and if it is a Safeguarding Children matter, the Trust reserves the right to retain the documentation indefinitely.

Where a child or vulnerable adult has made an allegation, a copy of the statement or the record made of it should be kept which is not open to disclosure, together with a written record of the outcome of the investigation.

When there is clear and demonstrable evidence that the allegation is malicious, then the documentation relating to the incident and investigation will be stored in a separate file by the Head of Safeguarding and not placed on an individual's HR file.

## 8.7 Timescales

It is in everyone's interest for cases to be dealt with as quickly as possible, whilst ensuring any investigations are sufficiently thorough. *Working Together (2013)* suggests target indicative timescales which are reflected in these procedures. These should be achievable in most cases, however there is a recognition that more serious or complex investigation may take longer. If an allegation is received via the PALS/ Complaints department this will be handled under the allegations management and discipline policies and the will stop the PALS/ Complaints process at this point.

## 8.8 Allegation Categories

**Unsubstantiated:** Where there is *insufficient evidence* to prove or disprove the allegation.

**Unfounded:** Where there is evidence that *disproves* the allegation.

**Deliberately invented/malicious:** There is evidence that not only disproves the allegation, but also proves a *deliberate intent to deceive*.

**Displaced:** When an allegation is made *to draw attention to child/vulnerable adult protection*



issues elsewhere.

**Misinterpreted:** A *misunderstanding*, e.g. where inaccurate meaning has been ascribed to words or actions

**Monitoring:**

The LADO/ASC will report regularly to the SCAS Safeguarding Lead:

- i. Any instances where SCAS has failed to deal with an allegation in accordance with SCAS or Local Safeguarding Children Board and Local Safeguarding Adults Boards, Allegations against Staff Procedures
- ii. Any concerns regarding interagency working in respect to an allegation against a member of staff.

This is the main body of the policy. This section should set out all relevant information and processes that are relevant. Subsections can be used in the following format.

### **8.9 Consultation And Communication With Stakeholders**

We will engage with patients and staff during the course of an investigation of Allegations against Staff in an open, honest and confidential manner.

The Investigating Officer will be the lead responsible for this, with other managers becoming involved as and when required such as Directors/ Assistant Directors, Safeguarding Lead, Human Resources Managers and Area Managers. The Communications Manager will consult with the Safeguarding Lead around any media interests.

Communication with patients and staff will take place throughout the incident and afterwards if appropriate. This communication may be in the form of face to face meetings, telephone contact, e-mail or by letter. More general, indirect communication may take place by using newsletters and other documentation. All communication, whether direct or indirect, should be documented and copies sent to appropriate agencies and departments involved, in line with legislation stated in the Data Protection Act (1998).

#### **The need for effective external communication**

Working Together to Safeguard Children (2013) outlines the process followed by the LADO and the need for partner agencies to work together in their investigations following allegations against staff. Sharing information and having consistent policies and procedures should assist in avoiding problems arising, or in reducing the risks when it is unavoidable. Representation at external groups is therefore essential for the Trust to remain an effective provider of patient care. The Trust will use the information sharing protocols to ensure that external agencies are provided with information to safeguard and protect staff and the public affected by abuse.

## **9. Training**

Any training for the use of this policy will be given by the Head of Safeguarding. Specific management groups and HR managers will receive face to face training on allegations management.

## **10. Equality and Diversity**

Assessment completed. No impact noted



## 11. Monitoring

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
By looking at the processes taking place outlined in the policy	There will be a report at every Safeguarding Group meeting	The Head of Safeguarding	Safeguarding Group	Quarterly

## 12. Consultation and Review

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Safeguarding Group	1 week	

The changes made from the previous version should be detailed in the review table in Appendix 1.

The maximum review period for any policy is three years and it is advisable to state this unless there is an indication to review earlier for example a new piece of guidance is released.

The ratification checklist (Appendix 5) must be completed when sending the policy for ratification.

## 13. Implementation (including raising awareness)

This policy will be implemented via the Trusts process

## 14. References

### 15. Associated documentation

- SCAS Safeguarding policy
- Chaperone policy
- Consent policy
- Code of Conduct in Respect of Confidentially Policy
- Dignity at Work Policy
- Discipline and Conduct Policy

## 16. Appendix 1: Review Table

Version	Reason for change	Overview of change
V1.2	Review and update	Only role titles



**17. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies**

<b>Policy Group</b>	<b>Lead Director Officer /</b>	<b>Working Group</b>	<b>Committee</b>	<b>Board Ratification</b>
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Director Operations	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Director of IT	Information Governance Steering Group	Quality and Safety Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Director Operations	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision



**18. Appendix 3: Equality Impact Assessment Form Section One – Screening**

Name of Function, Policy or Strategy: Allegations Management Policy

Officer completing assessment: AHeselton

Telephone.....

1. What is the main purpose of the strategy, function or policy?
To guide staff and managers in the case of an allegation of abuse levelled at a staff member
2. List the main activities of the function or policy? (for strategies list the main policy areas)
Guidance and to meet legislative requirements
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff
1. Use the table overleaf to indicate the following:- <ul style="list-style-type: none"> <li>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</li> <li>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</li> </ul>



		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
<b>GENDER</b>	Women	YES		To manage safeguarding allegations confidentially and fairly
	Men	YES		To manage safeguarding allegations confidentially and fairly
<b>RACE</b>	Asian or Asian British People	YES		To manage safeguarding allegations confidentially and fairly
	Black or Black British People	YES		To manage safeguarding allegations confidentially and fairly
	Chinese people and other people	YES		To manage safeguarding allegations confidentially and fairly
	People of Mixed Race	YES		To manage safeguarding allegations confidentially and fairly
	White people (including Irish people)	YES		To manage safeguarding allegations confidentially and fairly
	<b>Disabled People</b>	YES		To manage safeguarding allegations confidentially and fairly
	<b>Lesbians, gay men and bisexuals</b>	YES		To manage safeguarding allegations confidentially and fairly
	<b>Trans people</b>	YES		To manage safeguarding allegations confidentially and fairly



<b>AGE</b>	Older People (60+)	YES		To manage safeguarding allegations confidentially and fairly
	Younger People (17 to 25) and children	YES		To manage safeguarding allegations confidentially and fairly
	<b>Faith Groups</b>	YES		To manage safeguarding allegations confidentially and fairly
	<b>Equal Opportunities and/or improved relations</b>	YES		To manage safeguarding allegations confidentially and fairly

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
		<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intended</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>High</b>	<b>Low</b>
<b>Level of Impact</b>	<input type="checkbox"/>	<input type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		



[Empty box for signature and date]

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed A. J. Ake

Name: A Heselton

Date: 9<sup>th</sup> of July 2018



**19. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy:.....

.....

Officer completing assessment:.....

Telephone.....

**Part A**

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

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.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?



Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....



5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No



6

**Part B**

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

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8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes  No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....

.....

.....



.....  
 Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

**20. Appendix 5: Ratification Checklist**

**Section 1: To be completed by Author prior to submission for ratification**

<b>Policy Title</b>	Allegations Management Policy
<b>Author's Name and Job Title</b>	A Heselton Head of Safeguarding
<b>Review Deadline</b>	11 <sup>th</sup> July 2021
<b>Consultation From – To (dates)</b>	N/A
<b>Comments Received? (Y/N)</b>	N/A
<b>All Comments Incorporated? (Y/N)</b>	
<b>If No, please list comments not included along with reasons</b>	
<b>Equality Impact Assessment completed (date)</b>	9 <sup>TH</sup> July 2018
<b>Name of Accountable Group</b>	Safeguarding Group/ Patient Safety Group
<b>Date of Submission for Ratification</b>	11 <sup>th</sup> of July 2018

**Section 2: To be completed by Accountable Group**

<b>Template Policy Used (Y/N)</b>	YES
<b>All Sections Completed (Y/N)</b>	YES
<b>Monitoring Section Completed (Y/N)</b>	YES
<b>Date of Ratification</b>	



<b>Date Policy is Active</b>	11 <sup>TH</sup> July 2018
<b>Date Next Review Due</b>	11 July 2021
<b>Signature of Accountable Group Chair (or Deputy)</b>	
<b>Name of Accountable Group Chair (or Deputy)</b>	J Campbell