

# Allegations Against Staff Policy

## Allegations Against Staff Policy

### 1. Quick reference guide

1.1 Salisbury NHS Trust (SFT) aims to provide high quality care to all its patients and a safe environment for all its patients, staff and visitors.

1.2 This policy sets out the arrangements that exist within SFT when allegations are made against any of its staff in relation to the abuse of children and adults, whether relating to activities in or outside of their work responsibilities. When allegations of this nature are made, this policy and procedure must be followed.



investigation, there has been adherence to the internal and external investigation procedure, justification for any suspensions/exclusions, decision-making process relating to outcomes, impact on patient care and employees, and lessons learnt.

**5.5 Directors and Line Managers** are responsible for ensuring the requirements of this policy are adhered to.

**5.6 All staff** within SFT are responsible for adhering to this policy at all times and, particularly, for reporting suspected or actual cases of abuse in line with their responsibility to observe a duty of care to vulnerable groups. Staff members must also notify their manager in the event they are subject to allegations or otherwise aware of any issues which may be of concern, for example when they are associated with another person who is the subject of an allegation.

## **6. Definitions**

### **Child**

For the purposes of this policy, a child is defined as anyone beneath the age of 18 years

### **6.2 Adult at risk of abuse of neglect**

For the purposes of this policy, the term adult at risk of abuse or neglect is used to define someone of 18 years or over who has needs for care and support, is experiencing, or is at risk of, abuse or neglect, and as a result of these needs is unable to protect him/herself against abuse, neglect, exploitation or the risk of it

6.2.1 Adult at risk of abuse or neglect also includes frail older people admitted to hospital or receiving care from friends, neighbour or family members.

### **6.3 Member of staff**

For the purposes of this policy, the term member of staff includes: staff who are directly employed by the Trust including those on unpaid, honorary contracts; bank staff working for the Trust; agency staff working for the Trust; self employed contractors working for the Trust; volunteers, any member of staff employed by another Trust who is on secondment to Salisbury NHS Trust under an honorary contract or other agreement.

### **6.4 Abuse**

Abuse may be defined as a single or repeated action or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress.

6.4.1 Abuse is a violation of an

7.1.4 Once notified of the allegation, the senior manager should make immediate contact with the Named Nurse Safeguarding Children or

Divisional representatives (Senior Manager, Line Manager), OD&P representative and Safeguarding representative should then be undertaken (see 7.2). The Huddle will determine next actions, which could include Police referral, Safeguarding referrals and Designated Officer for Allegations referral (DOFA) if. If the abuse/ allegation relates to the inappropriate taking, or release of photographic images, video footage or use of IT equipment, the Trust Data Protection Officer must be informed.

7.1.5 Where a referral has been made to Police or MASH Safeguarding, absolute confidentiality must be maintained to ensure that information is not inadvertently passed to the member of staff concerned which could compromise the welfare of the child or adult at risk. The staff member should be informed of the referral only following agreement with Police or MASH is0taudg.merisk.

7.2.2 The Huddle will be called routinely by the Safeguarding Team, but in their absence, any other professional or line manager following this policy can make the relevant request for huddle formation.

7.2.3 The huddle should include relevant line manager, DMT representation, relevant safeguarding lead, Divisional People Partner, Deputy Director of People, Deputy Chief Nurse +/- Deputy Medical Director.

7.2.4 The huddle should be documented, and follow a SBAR approach (Situation Background, Assessment Recommendations), identifying action leads, next steps and any date/time for reconvening.

### **7.3 Applying a rigorous decision-making methodology**

7.3.1 always appropriate or necessary to invoke formal management action in response to a concern or incident, a comprehensive and consistent decision-making methodology should be applied that provides for full and careful consideration of context and prevailing factors when determining next steps.

7.3.2 In all decision-making that relates to the application of sanctions, the principle of plurality should be adopted, such that important decisions which have potentially serious consequences are very well informed, reviewed from multiple perspectives, and never taken by one person alone.

### **7.4 Suspension or exclusion from duty**

7.4.1 The possible risk of harm to children and adults of abuse and neglect posed by an accused person needs to be effectively evaluated and managed and should include considerations regarding those involved in the allegations, and any other vulnerable people in the individual's home, work or community life. Consequently, where an allegation involves a staff member, managers should seek advice from their Divisional People Partner in determining whether suspension is appropriate action (see Exclusion Policy for specific guidance, support and actions).

7.4.2 Suspension from duty should be considered in any case where there is cause to suspect a child or adult is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. SFT must consider carefully whether the circumstances of a case warrant a staff member being suspended from contact with patient groups whilst investigations continue. This decision should be informed by a risk assessment (refer to Exclusion Policy) which leads to a conclusion as to whether the staff member is considered safe to continue working in their present capacity, a different capacity or whether they should temporarily refrain from working with patients or other staff. The

7.4.7 It may be necessary to temporarily amend the working practices of the member of staff in order to preserve evidence, conduct the investigation, and protect both the member of staff and/or the individual raising the allegation.

## **7.5 Assigning sufficient resources**

7.5.1 Before commencing investigation and disciplinary procedures, appointed case managers, case investigators and other individuals charged with specific responsibilities should be provided with the resources that will fully support the timely and thorough completion of these procedures. Within (disciplinary panels) are truly independent should also be considered.

## **7.6 Types of Investigation**

7.6.1 When there is concern that a member of staff has harmed a child or an adult, either within the course of their work, or within their personal life, there are various potential strands of investigation which need to be coordinated, as follows:

### **7.6.2 Inter-Agency Enquiries led by Social Care Safeguarding**

Where the decision will be made on the action necessary to ensure the continuing protection of the child or adult at risk, Social Care has a statutory duty to make enquiries.

### **7.6.3 The Designated Officer for Allegations – DOFA (formerly Local Authority Designated Officer – LADO)**

The Designated Officer based in the Local Authority Childrens Multi-agency Safeguarding Hub (MASH) Team has a statutory role in overseeing and managing allegations made against adults who work with children and young people. The Designated Officer will provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies, convening strategy discussions and monitoring the progress of



finalise the process of investigation;

agree the process for informing the child's parent/carer or adult at risk who is the subject of the enquiry and/or their carer(s) if not already done and appropriate to do so; and

consider any potential risk to any other children or adults at risk.

## **7.7 Ensuring people are fully trained and competent to carry out their role**

7.7.1 Individuals should not be appointed as case managers, case investigators or panel members unless they have received related up to date training and through such training, are able to demonstrate the aptitude and competencies (in areas such as awareness of relevant aspects of best practice, principles of natural justice, and the equality and diversity considerations) required to undertake these roles.

## **7.8 Police Investigation**

7.8.1 A police investigation will aim to determine whether a crime has been committed. They are also a Statutory member of a Safeguarding investigation, whether or not Police are leading on the investigation.

7.9.4 Concern for the health and welfare of people involved in investigation and disciplinary procedures shall be paramount and continually assessed. Appropriate professional occupational health assessments and intervention shall be made available to any person who either requests or is identified as requiring such support.

7.9.5 A communication plan should be established with people who are suspended from duties or the subject of an investigation or disciplinary procedure, with the plan forming part of the associated terms of reference. The underlying principle should be that all communication, in whatever form it takes is timely, comprehensive, unambiguous, sensitive; and compassionate. Please refer to Trust Exclusion Policy for full advice, guidance and support.

7.9.6 Where an allegation is made outside of work, it will be the responsibility of the police to conduct the investigation. Where aspects of the police and where appropriate, share information and to ensure that information is not passed to the member of staff concerned that would prejudice possible criminal proceedings. If the Police request that the Trust release information, this must be carried out by the Legal Services or Data Protection Officer in compliance with: <http://ig/media/1524/sop-athcinfo-002-v13.pdf>. It is the responsibility of these departments to ensure requests for information comply with statutory and regulatory standards.

7.9.7 Whilst it is understandable to want to help the police to prevent crime or catch a suspect, the Trust has the discretion to determine whether to release personal information under this exemption. Even if it is decided that the exemption applies, the Trust still do not have to release the personal information.

7.9.8 It is not necessary to await the outcome of any external enquiry before undertaking internal procedures, although it is important to gain consent from the police in order to ensure that evidence for the purposes of any criminal investigation is not contaminated (see Memorandum of Understanding between SFT and Police). It is likely that these procedures will run concurrently. Regular contact should be maintained, as appropriate, between the lead managers for the investigation and the Safeguarding Team and Divisional People Business Partner.

7.9.9 The internal investigation will determine whether a formal disciplinary hearing should be convened, or whether the allegations are unsubstantiated, hence a hearing is inappropriate. However, if the investigation reveals other matters which amount to misconduct in their own right, then the seriousness of these will determine whether the disciplinary process continues or whether it is referred back to line managers for advice and counselling.

## **7.10 Medical Staff**

7.10.1 Any member of medical staff facing potential disciplinary action would be managed in line with the Maintaining High Professionals Standard Policy and requires referral and advice from the NCAS (National Clinical Assessment Service).ple Business Partner

7.11.2 Both the Disciplinary Policy and Raising Concerns Policy should be referred to when undertaking any internal investigation.

## **7.12 Confidentiality**

7.12.1 All staff members are required to keep confidential any information regarding patients and staff, only informing those that have a need to know. Confidential information must not be disclosed to unauthorised parties

7.14.1 Consideration should be given at the initial discussions/ Huddle to the employer's statutory duty to make a referral to the DBS and also the registering body of the professional concerned where circumstances require it, prior to the outcome of any investigation. All such referrals would be coordinated by the relevant Service Manager and support should be provided by the Divisional People Business Partner. If not happened during the investigation, referral to DBS & Professional Bodies may be required once the investigation has completed.

<https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

**7.15**

7.18.1 Please refer to Appendix 2 to guide in hours and out of hours actions upon receipt of information or allegation.

7.18.2 The formed safeguarding huddle will inform and guide extent of communication and escalation within the organisation and with any relevant external partners/agencies.

7.18.3 Any decision to exclude a member of staff, should be escalated to relevant Executive Lead (eg CNO/CMO).

7.18.4 Depending on the scenario and detail and level of escalation, the communication team may need to be briefed in preparation of any media attention. This will be determined by the executive team.

## **8. Monitoring compliance with and the effectiveness of this policy**

The success of this policy will be monitored by reference to statistics which identify awareness on the part of staff members in relation to the measures to be taken in cases of suspected

1. Definition of Abuse
2. Flow Chart management of Allegation

Version details:

Version No.	Updated by	Updated on	Description of changes
[REDACTED]			