

# 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.

### 2. Introduction

2.1 The allegations against staff policy and procedure must be followed if it is alleged that a member of staff has:

Behaved in a way that has harmed, or may have harmed, a child or adult;

Possibly committed a criminal offence against, or related to, a child or adult;

Behaved towards a child or adult in a way that indicates s/he is unsuitable to work with children or adults at risk of abuse or neglect; and/or

Believed to have engaged in an activity which may indicate that s/he is unsuitable to work with children or adults or could not hold the trust of the public in so doing e.g. accessing or taking inappropriate images/information of patients, visitors or employees on mobile devices, computers or smartphone and or sharing or posting them via the internet and Social Media.

When the member of staff is being investigated by the Police for any matter not related to their employment (eg drink driving, assault, fraud, Tf15.32 3dults or could not hold

When an allegation is made about abuse that took place some time ago and the accused person may still be working with or have contact with children and adults at risk.

It is important to remember that allegations do not solely relate to sexual

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**

6.4.1 Abuse is a violation of an individual's human, civil and personal rights by any other person or people and may consist of a single or repeated act. It may be physical, virtual, verbal, psychological sexual or financial; it may be an act of neglect or an omission to act.

6.4.2

7.1.4 Once notified of the allegation, the senior manager should make immediate contact with the Named Nurse Safeguarding Children or Safeguarding Adults Lead Nurse who must be informed about the allegation. A 'huddle' including the relevant Executive Director or their Deputy, 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 Safeguarding. .

7.1.6 Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20, the trust is required to ensure it acts in an open and transparent way with relevant persons in relation to care and treatment provided to patients. Furthermore, the UK Data Protection Regulations require the Trust to inform the patient or relative about the inappropriate collection, use or disclosure of personal data. Consideration should be given as to how and when the child or their parent/carer or adult and their carer(s) should be informed of the allegation..

7.1.7 Any press/media enquiries must be referred to the Head of Communications in the first instance (and through the Duty Executive out of hours).

7.1.8 It is important to note that where a child or adult has made a disclosure none of the above actions should necessitate further questioning of that individual by SFT staff until a Huddle has been completed. Nor does it affect that person's right to make a direct complaint to the Police about the alleged abuse. In all circumstances, the Safeguarding Team must be informed about the allegation.

## 7.2 **Formation of Huddle**

7.2.1 To ensure all immediate and initial actions, escalations, risk assessments and considerations are undertaken within the required timescales to protect staff, patients and the organisation, upon awareness of an allegation, a safeguarding huddle should be called at the earliest opportunity (see appendix 2).



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 consider9m0.28harm, or 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 the overall context of 'resourcing', the extent to which individuals charged with such responsibilities (especially members of 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 cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. The Designated Officer will consider all allegations and will advise on the next course of action. In many cases it will appropriate for a strategy discussion to be held. The Designated Officer will co-ordinate and chair this.

7.6.4

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. In order to prosecute there must be sufficient evidence to support a case that an offence has been committed - the burden of proof in such circumstances is 'beyond reasonable doubt'. If there is insufficient evidence, it does not automatically mean that the offence has not been committed, nor does it mean that the member of staff should not face disciplinary proceedings. Each case should be considered on its merits. Each

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

7.11.2

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 Sickness and Other Absence**

7.15.1 In circumstances where an employee is absent on sick leave or absent for another reason (e.g. maternity, paternity, study leave, career breaks etc), the investigation should continue. Guidance should be sought from the Occupational Health Department in order to determine an individual's fitness to participate in the process.

#### **7.16 Record Keeping**

7.16.1 It is important that a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved, and details of any action taken and decisions reached, are recorded within a person's confidential personnel file and a copy given to the individual.

7.16.2

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 pol

