



TRUST WIDE DOCUMENT

	Policy
DOCUMENT TITLE	Managing Allegations of Abuse Against Adults at Risk and Children
DOCUMENT NUMBER	ELHT/C187 Version 1.1
DOCUMENT REPLACES	ELHT/C187 Version 1.0
LEAD EXECUTIVE DIRECTOR DGM	Executive Chief Nurse Executive Director of Human Resources
AUTHOR	Head of Safeguarding

TARGET AUDIENCE	All Trust Personnel
DOCUMENT PURPOSE	<p>To provide a process for the management of when allegations are made against an employee, worker, agency staff, contractor, volunteer or student of East Lancashire Hospitals who has whilst in connection with their employment/engagements have:</p> <ul style="list-style-type: none">• Behaved in a way that has or may have harmed a child or adult at risk.• Being investigated for committing a criminal offence against or related to a child or adult at risk either in work or outside of work.• Behaved in a way that raises concerns regarding their suitability to work with children or adults at risk whilst in connection with their employment or voluntary activity.
To be read in conjunction with	<ul style="list-style-type: none">• Safeguarding Children Policy (C034)• Safeguarding Vulnerable Adults Policy (C067)• Mental Capacity Act (MCA) Policy (C118)• Disciplinary Policy and Procedure (HR09)

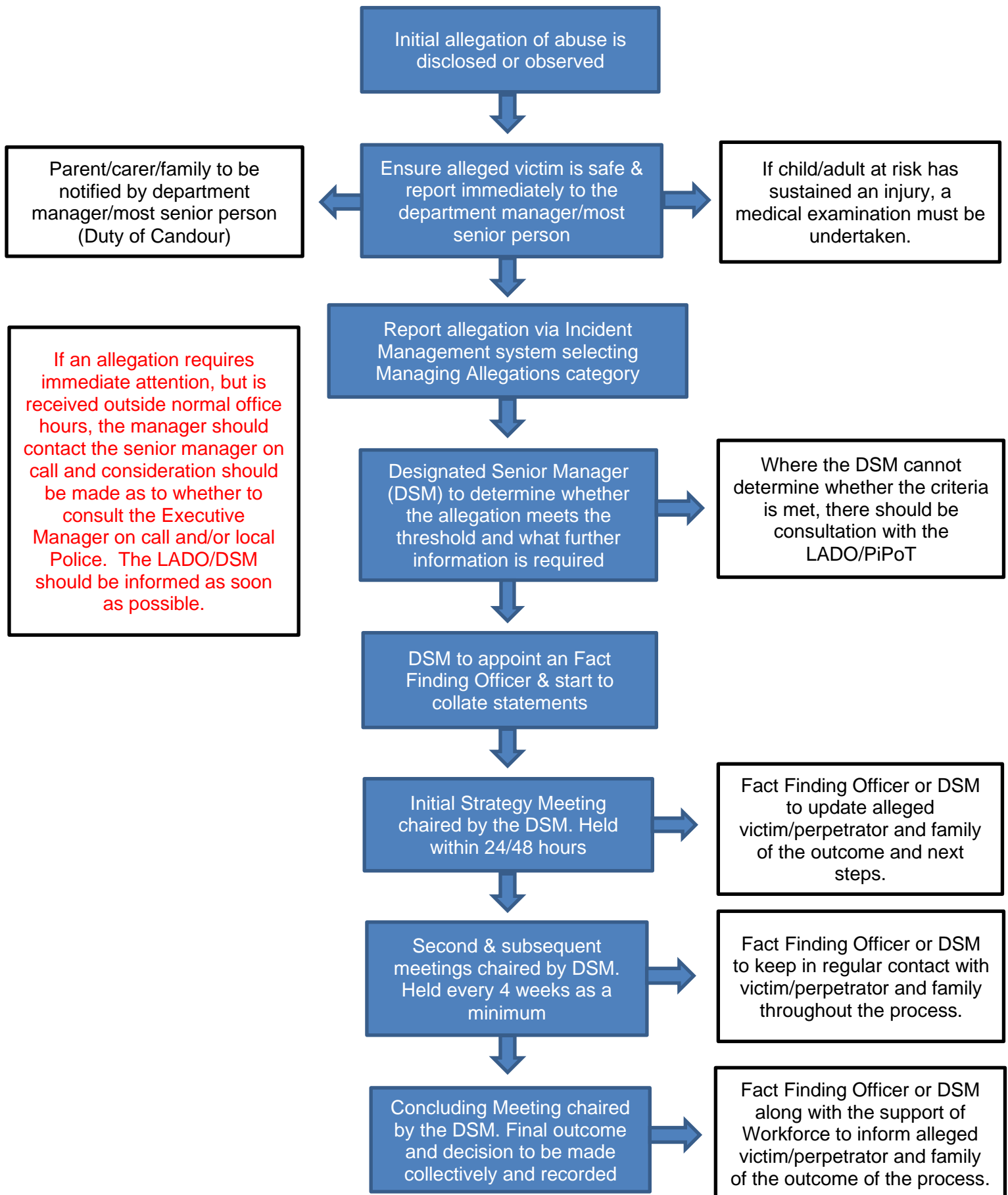
SUPPORTING REFERENCES	<ul style="list-style-type: none"> • Lancashire Safeguarding Adult Board (2019) <i>Managing Concerns around People in a Position of Trust (PiPoT)</i>. • Lancashire, Blackburn with Darwen and Blackpool Child Safeguarding Assurance Partnership (2022) <i>Allegations against persons who work with children (including carers and volunteers)</i>. • HM Government (2018) <i>Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children</i>. • The Children Act (1989) • The Care Act (2014) • The Data Protection Act (2018) • The Human Rights Act (2015)
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CONSULTATION		
	Committee/Group	Date
Consultation	Safeguarding Committee Members	20/12/2023
Approval Committee	Safeguarding Committee	20/12/2023
Document ratification date	10 January 2024	
NEXT REVIEW DATE:	December 2026	
AMENDMENTS	<p>Amendment of all references to “Allegations Against Staff category” changed to “Managing Allegations category”</p> <p>Amendment of all references to "Investigating Officer" changed to "Fact Finding Officer".</p>	

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Managing Allegations Process



1. Introduction

Sadly, children and adults at risk can be subject to abuse by those who care for them in any setting. This policy applies to all members of staff where there is an allegation made against them and where there is reason to believe a child or adult at risk has been harmed.

All allegation of abuse or maltreatment of children or adult at risk by an employee will be taken seriously and treated in accordance with this policy.

The Trust is committed to safeguarding and promoting the welfare of children and adults at risk of abuse or neglect. It is also committed to creating a climate in which allegations or concerns can be raised without fear or recrimination to the reporter. All staff have a duty to be alert to potential vulnerabilities in children and adults and know what to do if they have concerns.

This policy is based on the framework for dealing with allegations of abuse made against a person who works with children or adults at risk as detailed within *Working Together to Safeguard Children* (2018) and *The Care Act* (2014).

This policy has also been developed in line with Lancashire Safeguarding Adult Board agreed procedures for *Managing Concerns around People in a Position of Trust (PiPoT)* (2019) and the Children's Safeguarding Assurance Partnership for Blackburn with Darwen, Blackpool and Lancashire for *Allegations Against Staff or Volunteers* (2022).

The Trust is committed to investigating all allegations of abuse in a consistent, thorough and timely way in order to minimise the risk to patients and to minimise the impact for the individuals concerned. The Trust recognises that allegations raised against a staff member can be an anxious and stressful time for all those involved, therefore the Trust is committed to support all those effected via the Trust Wellbeing service.

2. Purpose

To provide a process for the management of when allegations are made against an employee, worker, agency staff, contractor, volunteer or student (the word "employee" will be used for ease throughout the remainder of the document) of East Lancashire Hospitals who has whilst in connection with their employment/engagements have:

- Behaved in a way that has or may have harmed a child or adult at risk.
- Being investigated for committing a criminal offence against or related to a child or adult at risk either in work or outside of work.
- Behaved in a way that raises concerns regarding their suitability to work with children or adults at risk whilst in connection with their employment or voluntary activity.

This policy applies to all members of staff who are employed by the Trust in a paid (temporary or substantive) or unpaid capacity. It also applies to students who are working on an honorary contract.

3. Duties and Responsibilities

Listed below are the key roles within the Managing Allegations process:

- **Person in a Position of Trust (PiPoT) Lead-** Head of Safeguarding
- **Local Authority PiPoT Safeguarding Manager-** The Local Authority will provide independent and objective scrutiny to ensure the Trust remains focused upon the needs/impact of the adult at risk whilst providing objective advice on the management of internal investigation processes.
- **Local Authority Designated Officer (LADO)-** The LADO is employed by the Local Authority and is responsible for overseeing individual cases of allegations concerning **children**, providing advice and guidance to employers and voluntary organisations. The LADO ensures decisions are made objectively and will monitor the case to ensure this is dealt with in a timely manner.
- **Designated Senior Manager (DSM)-** The DSM for allegations against all nursing, Health Care Assistants, Midwives, AHP's or any other clinical patient facing groups (that report within the Nursing structure) is the Divisional Director for Nursing/Midwifery or Assistant Director of Nursing/Midwifery for the area in which the alleged victim is/was being cared for when the allegations were made.

If the allegation is against staff only, the Divisional Director for Nursing/Midwifery or Assistant Director of Nursing/Midwifery for the area in which the **alleged victim** is employed, will need to have a discussion with the senior manager for the area in which the **alleged perpetrator** is employed and discuss who is best placed to be the DSM.

For allegations made against all other staff members outside of the clinical workforce i.e. Security, Estates, Catering, Domestic etc. if the allegation is made against a patient, the DSM will remain the Divisional Director for Nursing/Midwifery or Assistant Director for Nursing/Midwifery for the area in which the alleged victim (patient) is/was being cared for when the allegation was made. If the allegation is between staff only, this will be managed by the equivalent senior manager (Director/Deputy Director level) within the relevant division/department.

For allegations against medical staff, the Chief Medical Officer or a Deputy Medical Director will act as the DSM.

- **Fact Finding Officer-** The Fact-Finding Officer will be assigned by the DSM. This will likely be the alleged perpetrators line manager or senior person within their area or department i.e. Matron or Supervisor.

For temporary members of the non-medical workforce including bank/agency, the Temporary Staffing Manager should be involved in the managing allegations process and act as the liaison between the Trust and any Agencies who the alleged perpetrator is employed by. For any medical bank/locum this would be the Medical Staffing Manager.

For student nurses/midwives, the Clinical Placement Support Team should be involved and act as the liaison between the Trust and the University.

For Medical Trainees, the lead employer would need to be involved. Liaison with the Deanery should be undertaken by the Chief Medical Officer of a Deputy Medical Director.

4. Policy

4.1 When to use the Process

The process starts in all cases where it is alleged that an employee has:

- Behaved in a way that has or may have harmed a child or adult at risk.
- Being investigated for committing a criminal offence against or related to a child or adult at risk either in work or outside of work.
- Behaved in a way that raises concerns regarding their suitability to work with children or adults at risk whilst in connection with their employment or voluntary activity.

Allegations may arise from a number of sources including the child, adult at risk, their parent or carer, any other adult, professional body, Police or Social Care.

The information should be shared with the Designated Senior Manager who will consider the nature, circumstances and context of the allegation or concern. In some cases, further discussion with the LADO/PiPoT will be undertaken.

The DSM or the Trust Safeguarding Team may also wish to consult with the following:

- Police colleagues in order to decide whether a criminal offence has been committed.
- Social care colleagues in order to arrange a strategy meeting under either the adult or child safeguarding procedures, where there are concerns the child or vulnerable adult may have suffered significant harm.

If, following consultation it is decided that the allegation does not meet the threshold criteria for a referral to the Police, Adult or Children's Social Care, then the incident will be dealt with by the Trust at an organisational level.

The DSM will retain overall management of the process, (including the monitoring of cases which have been referred back to the Trust for internal resolution) until the case reaches its conclusion.

4.2 Initial Responses to an Allegation or Concern

Allegations may arise from a number of sources, including the child, vulnerable adult, their parent or carer, any other adult, professional body, Police or Social Care.

Initial action by the member of staff who receives the allegation or who has a concern regarding another member of staff:

- Ensure the safety of the alleged victim.
- Immediately report to the department manager or most senior person within their service/department (unless this is the person against whom the allegation has been made, in this instance report directly to the Designated Senior Manager).
- Record all the information within the Datix system, selecting the “Managing Allegations” category. This will ensure that the Datix remains confidential and will only alert a pre-selected small number of senior members of staff within the organisation.

Initial action by the manager to who the concern/allegations was reported:

- If the child/adult at risk has sustained an injury, they must be medically examined by a consultant or senior clinician. The examination must be recorded within the medical notes and include the use of a Body Map if necessary.
- Parent/carer/family must be notified of the alleged incident and if necessary, the reason as to why a medical examination is required.
- Inform the Designated Senior Manager of the allegation and the actions taken so far.

Initial action by the Designated Senior Manager (DSM):

Designated Senior Manager (DSM) to determine whether the allegation meets the threshold based on the purpose of this policy. Has the employee in a paid or unpaid capacity:

- Behaved in a way that has or may have harmed a child or adult at risk.
- Being investigated for committing a criminal offence against or related to a child or adult at risk either in work or outside of work.
- Behaved in a way that raises concerns regarding their suitability to work with children or adults at risk whilst in connection with their employment or voluntary activity.

Where the DSM cannot determine whether the criteria is met, there should be consultation with the LADO/PIPoT.

If the DSM and/or LADO/PiPoT determines the threshold has been met:

- The DSM should appoint a Fact Finding Officer.
- Obtain written statements from the alleged victim (if appropriate), the person who received the allegations and any key witnesses that have been identified as being present when the alleged incident is reported to have occurred. **Anyone providing a statement should be informed that their statement will form part of the managing allegations process and may be shared externally with the Police or Social Care as part of an investigation.**
- The alleged perpetrator should be informed of the allegation and if appropriate i.e. will not jeopardise any Police investigation, they should be asked to provide a statement. **The alleged perpetrator should also be informed that their statement will form part of the managing allegations process and may be shared externally with the Police or Social Care as part of an investigation.**
- The DSM should assess (based on the severity of the allegation) if it is safe for the alleged perpetrator to remain/return to work until the outcome of the initial strategy meeting. This may require a discussion with the Deputy Director of People and Culture or Director of People and Culture, relevant senior person for their profession or service i.e. Deputy Chief Nursing Officer and Safeguarding Team/LADO/PiPoT.

If an allegation requires immediate attention, but is received outside office hours, the manager/most senior person should contact the senior manager of call. The senior manager on call will act as the DSM in the interim and undertake the role of the DSM as above. This includes ensuring the actions above are undertaken by the manager/most senior person i.e. ensuring the parent/carer/family have been notified of the incident.

The senior manager on call whilst acting as the interim DSM, should also ensure the DSM actions above are undertaken i.e. ensure statements from both the alleged victim and alleged perpetrator are obtained. The interim DSM should also make an assessment based on a risk management approach, as to whether the alleged perpetrator remains or returns to work if any further shifts are due to be undertaken out of hours. Depending on the severity of the allegations, any decision to removed should be escalated to the Director On Call and Police if required. This should be a holding position only, until a discussion is convened with the right decision makers to consider suspension. The incident should be handed over to the most appropriate DSM at the earliest opportunity.

4.3 Initial strategy meeting

It is the responsibility of the DSM to request and chair the initial strategy meeting within 24/48 hours of the initial allegation. The initial strategy meeting should include the following:

- Designated Senior Manager (Chair)

- Senior Manager on Call (if the incident/decision was made out of hours as the initial decision maker)
- Nominated Fact Finding Officer
- Workforce Representative
- Head of Safeguarding or Named Nurse for Safeguarding Adult or Children
- Manager of Temporary Staffing (if required)
- Clinical Placement Support Team (if required)
- Minute Taker provided by the DSM

The initial strategy meeting should follow an agenda and be recorded on the Trust meeting template.

The purpose of the initial strategy meeting is to undertake the fact finding following the allegations that have been made. This may include an overview of the incident provided by the Fact Finding Officer, review of any initial statements provided and a discussion if any further statements are required and by who and a review of any previous concerns/allegations/investigation as recorded by the Workforce Department.

The initial strategy meeting should determine if the alleged victim has suffered any harm and if there are safeguarding concerns that require a referral to adult or children's Social Care and/or the Police. If the allegations are in relation to domestic abuse or sexual assault/abuse, consideration should be made regarding a referral to the Health Independent Sexual Violence Advocate or Health Independent Domestic Violence Advocate via the Safeguarding Team.

The initial strategy meeting should review any immediate actions taken following the allegation being made and establish a plan moving forward regarding the alleged perpetrator remaining or returning to their current role/workplace. This is to ensure the alleged victim, patients, staff and the alleged perpetrator are safeguarded during the process. This decision should be undertaken via a Suspension Risk Assessment in line with the Disciplinary Policy and Procedure (ELHT/HR09 V8.1). This will be conducted by the Fact Finding Officer, DSM and Workforce. If there is an open Police or Social Care referral/enquiry, any consideration needs to be made in conjunction with any bail or access restrictions put in place by either the Police or Social Care.

It is the responsibility of the Fact-Finding officer/DSM to inform the alleged victim and their carers/family and alleged perpetrator of an update following the initial strategy meeting, this needs to be undertaken with careful consideration to ensure there are no breaches in confidentiality and to be mindful that the process is still in the "fact finding" stage. Any potential risks to the alleged victim, patients and staff, or any other children/vulnerable adults connected to the individual's home, work or community life, needs to be effectively considered and managed.

Consideration also needs to be given to the potential for the alleged perpetrator to impede any investigation, remove or interfere with evidence or to intimidate or coerce potential witnesses. In some cases, this will require the employer to delay informing the alleged perpetrator in order to agree the timing and what information can be disclosed with relevant colleagues from Police and Social Care.

Consideration should also be given to any potential press interest. If this is the case the DSM should discuss the allegation with the Executive Director of Communication and Engagement.

The alleged perpetrator (or both, if the alleged victim is also a member of staff), should be offered support in regard to health and wellbeing and/or Occupational Health. The Fact Finding Officer/Line Manager has the responsibility to keep in regular contact to provide updates regarding the process to both parties (as appropriate).

Any actions following the meeting should be assigned and recorded via the Datix system. The minutes of the meeting should be uploaded and shared with the members of the meeting with 7 working days. The minutes of the meeting will also be stored within the Safeguarding PiPoT Share Point file.

4.4 Second and Subsequent Strategy Meetings

In addition to the issues addressed at the first Strategy Meeting, subsequent meetings should be held to review any new information i.e. staff statements, Security bodycam footage, Police updates etc. In prolonged cases i.e. where there is an on-going Police investigation, regular review meetings should be held every 4 weeks as a minimum. The subsequent meetings should be chaired by the DSM and attendance present from those that were involved in the initial meeting or an appropriate deputy who has been briefed in the case, prior to the meeting.

Any actions following the meeting should be assigned and recorded via the Datix system. The minutes of the meeting should be uploaded and shared with the members of the meeting within 7 working days. The minutes of the meeting will also be stored within the Safeguarding PiPoT Share Point file.

4.5 Concluding and Closing an Open Managing Allegations Case

In all cases a final decision-making meeting must be held and chaired by the DSM. This is to ensure that as a group of professionals, the outcome of the case is a collective decision and that all actions have been concluded and the outcome decision clearly documented.

Depending on the outcome of the case, this may close/conclude from a Managing Allegations process if all safeguards have been put in place, however the case may need to progress under the realms of a Workforce process. In these cases, the Workforce representative in the meeting will take a lead on this. A decision must also be made in regard to any referrals

to the Disclosure and Barring Service (DBS) or Regulatory Bodies, again this would be the responsibility of the Workforce representative in the meeting to take a lead on this.

During the managing allegations process, if the staff member refuses to engage in the process or tenders their resignation, the allegation must still be investigated in accordance with this policy to ensure that any future incidents or allegations of abuse are prevented.

Any historical allegations should be responded to in the same way as contemporary concerns.

It is the responsibility of the DSM and Fact-Finding Officer to ensure that the alleged perpetrator and alleged victim and their families (if appropriate) are informed of the outcome of the managing allegations process as soon as possible following the concluding meeting, again careful consideration needs to be undertaken to ensure there are no breaches in confidentiality i.e. we cannot share that the outcome of the case is leading to a disciplinary, Workforce will be able to support with this conversation.

The outcome decision will be recorded within Datix and the Safeguarding Team Share Point PiPoT file.

It is the responsibility of the Fact Finding Officer to ensure that all actions within Datix have been completed and the Datix is closed.

4.6 Governance

Data regarding the number of managing allegation cases are recorded within the Safeguarding Team dashboard and presented to the Safeguarding Committee each month.

The PiPoT will also attend the Employer Investigations meeting to present all new and on-going cases on a monthly basis. Attendance also includes the Deputy Director of People and Culture and Deputy Chief Nursing Officer to ensure there is senior management oversight of all cases. Where there are significant concerns regarding a case, these must be escalated to the Deputy Director of People and Culture and Deputy Chief Nursing Officer by the PiPoT/DSM, prior to the meeting.

An annual PiPoT report is within the Safeguarding Committee Cycle of Business and is presented to the Safeguarding Committee on an annual basis.

An overview of the trends and themes within the PiPoT report is presented via the Annual Safeguarding Report to the Quality Committee and Trust Board.

4.7 Information Sharing

Information sharing is vital to safeguarding and promoting the welfare of children and adults at risk. From the initial evaluation of an allegation and throughout the duration of any resulting investigation, the employer and the statutory agencies concerned, should share all relevant information they have about the person who is the subject of the allegation, and about the alleged victim.

Disclosure of information to safeguard children is supported by the Children Act (1989) and can be supported by the application of the welfare principle. Additionally, there are clauses within both the Data Protection Act (2018) and the Human Rights Act (2015) which allow for information to be shared i.e.

- For the protection of health and morals
- For the protection of the rights and freedoms of others
- For the prevention and detection of a crime

Disclosure of any confidential information should always be as follows:

- Appropriate for the purpose
- Only to the extent necessary to achieve that purpose

4.8 Training Needs Analysis

Audience	Training requirements	Refresher Period
All staff working in health settings	Safeguarding Adults Level 1 e-learning	3 years
All practitioners that have regular contact with patients, their families or carers, or the public	Safeguarding Adults Level 2 e-learning	3 years
Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns.	Safeguarding Adults Level 3 face-to-face training session	3 years
All staff members	Freedom to Speak Up “Speak Up” Level 1 e-learning	2 years
All staff members	Freedom to Speak Up “Listen Up” Level 2 e-learning	2 years
All Senior Leaders including Executive Directors and Non-Executive Directors	Freedom to Speak Up “Follow-Up” Level 3 e-learning	2 years

5. Monitoring Compliance with the Procedural Document

Aspect of compliance being measured or monitored.	Individual responsible for the monitoring	Tool and method of monitoring	Frequency of monitoring	Responsible Group or Committee for monitoring
All allegations against staff of abuse towards children or adults at risk is managed effectively by the Managing Allegations Policy/process	Head of Safeguarding/PiPoT Lead	Monitored via the Safeguarding Team Dashboard on a monthly basis and via an annual themes and trends report presented to the Safeguarding Committee	Monthly and via an annual report	Safeguarding Committee

6. Data Protection

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021. This includes the appropriate and proportionate release of any personal identifiable data relating to staff, patients or public who may be at risk of harm or as part of a legal process.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://elht.nhs.uk/about-us/data-protection-confidentiality-and-fair-processing>

Appendix 1 Equality Impact Assessment Screening Form

Department/Function	Safeguarding Team		
Lead Assessor	Head of Safeguarding		
What is being assessed?	Policy for managing allegations against staff who have contact with children or vulnerable adults.		
Date of assessment	20.09.23		
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Staff Inclusion Network/s	<input type="checkbox"/>	Staff Side Colleagues
	Service Users	<input type="checkbox"/>	Other (Inc. external orgs)
	Members of the Safeguarding Committee have been consulted in the development of the policy.		

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
		<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	No impact identified on completion of the Equality Impact Assessment.
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore ➤ the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary		
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Action	Lead	Timescale
N/A		