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PROCEDURE FOR THE MANAGEMENT OF ALLEGATIONS OF ABUSE OR NEGLECT OF A CHILD OR ADULT AT RISK

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1. INTRODUCTION

- 1.1 Children and adults at risk (vulnerable adults) can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children and adults at risk by a professional, staff member, volunteer or contractor must therefore be taken seriously and treated in accordance with consistent procedures.
- 1.2 The purpose of this procedure is to set out how the Trust will manage any allegations of abuse (of children and adults at risk) relating to a member of staff, volunteer or contractor. This includes allegations the Trust is made aware of relating to incidents which occur during the course of the work of the Trust or outside of the work of the Trust. Following the 2012 Saville Investigation, NHS trusts have a responsibility to ensure there is a robust procedure in place to manage allegations relating to the abuse of children and adults at risk.
- 1.3 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 and 2004). The legislation pertaining to safeguarding adults at risk does not currently contain reference to allegations against staff. However for the benefit of this procedure and in the spirit of 'good practice' the principles applied to children will be applied to adults at risk.
- 1.4 Associated relevant legislation and guidance pertaining to allegations against staff include:
- Sexual Offences Act (2003)
 - Mental Capacity Act (2005), which this allows the prosecution for the wilful neglect of someone who lacks capacity
 - The Care Act (2014), which places safeguarding adults on a legal footing for the first time.
- 1.5 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 procedure offers a framework for the management of cases of allegations made against staff who work with children. Allegations regarding adults at risk also will be commensurate with guidelines from **Adult Social Care** (ASC) agencies across the North West region. Some authorities employ an **Adult Local Authority Designated Officer** (ALADO) to manage allegations against staff working with adults at risk. The ALADO functions are the same as the LADO.
- 1.6 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 NWAS, either in a paid or voluntary capacity working on or off NWAS premises, vehicles or sites.

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2. PURPOSE

- 2.1 This procedure applies to all situations which indicates that a person has:
- behaved in a way that has harmed a child or adult at risk, or may have harmed a child or adult at risk; or
 - possibly committed a criminal offence against or related to a child or adult at risk; or
 - behaved towards a child/children or adult at risk in a way that indicates s/he is unsuitable to work with children, young people or adults at risk
- 2.2 Whether or not the allegation relates to current, recent or historical behaviour, the procedure sets out the Trust's commitment to safeguarding children and adults at risk from abuse and neglect and will set the direction which will enable NWAS to deliver an appropriate response. The procedure represents a clear commitment to work co-operatively with other agencies to maximise the health and protection and safeguarding of vulnerable children and adults who are at risk of abuse and neglect.
- 2.3 This procedure is intended to cover **ALL** employees of the Trust, bank staff, agency staff, all self-employed NHS Professionals, trainees, student placements working for NWAS (herein known as NWAS staff). In addition, all volunteers are expected to adhere to this procedure.

3. DEFINITIONS

- 3.1 **'Child'** - defined within the Children Act (1989 and 2004) as any person under the age of 18 years.
- 3.2 **'Adult at risk'** is used to replace 'vulnerable adult' (which was introduced by 'No Secrets Guidance 2000'). 'Adult at risk' has been defined by the Law Commission (2011) as:

'A person aged 18 years or over who appears to have health and social care needs and appears to be at risk of harm'.

4. SCOPE

- 4.1 This procedure applies to allegations against members of staff where there is cause to suspect that a child or adult at risk is suffering, or is likely to suffer significant harm.
- 4.2 It also applies to cases where allegations are made that indicate that a person is unsuitable to work with children and adults at risk whether in their current role, or in any capacity.
- 4.3 The Trust may be made aware of an allegation through a number of sources including a member of staff highlighting a concern or via the police or social services.

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4.4 Any allegation made against a member of staff of physical punishment of a child/adult at risk whilst carrying out their duties should be dealt with under this procedure.

4.5 Action should be taken as soon as possible to inform the member of staff against whom an allegation has been made about the nature of the allegation, how enquiries will be conducted and the possible outcome. However, the LADO/ASC/ALADO should be consulted **before** informing the member of staff to ensure that this does not impede the appropriate exercise of enquiry or investigative processes and the Trust may have regard to the advice provided in deciding what information should be provided to the member of staff.

4.6 Where there is police involvement, 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.

4.7 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 contract of employment or worker relationship or through voluntary services).
- Allegation relating to an incident(s) outside of employment with the Trust.

4.8 Allegations relating to incidents occurring in the course of employment with the Trust

4.8.1 Allegations may arise in number of ways from a number of sources e.g. a concern, a suspicion, a complaint or report from a child or adult at risk, 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 processes within the Safeguarding Team.

4.9 Allegations regarding actions outside of employment with the Trust

4.9.1 If concerns arise about the person's behaviour in regard to his/her own children(or adults at risk for whom s/he has responsibility) or occurring outside of their relationship with the Trust, contact may be made by the Police and/or Social Care or other appropriate body to inform the Trust of the concern. This would normally be to enable the Trust to assess whether there may be implications for children or adults at risk with whom the person has contact through their work.

4.10 In all cases:

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- A manager must ensure that the Head of Service or Assistant Director within their service line, along with the Head of HR and a member of the Safeguarding Team are made aware of the allegation without delay.
- **All allegations**, in the first instance, must be considered as requiring a child/adult at risk protection response. However, following an initial multi-agency evaluation, allegations may be dealt with under the Trust’s performance management, disciplinary or complaints processes.

4.11 Other situations where this procedure applies include:

- i. **Abuse of trust** – involving a child/adult at risk in sexual activities where a professional relationship of trust exists or existed;
- ii. **Grooming** (including on-line grooming) – developing a relationship with a child, young person or adult at risk with the intention of perpetrating sexual harm (Sexual Offences Act 2003);
- iii. **Offences suggesting a person may pose a risk of harm to children/adult at risk**, 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 a member of staff/volunteer’s previous employment or events in their past.
 - Involvement in terrorism or violent extremism

5. ACTION DURING THE INVESTIGATION

5.1 In all cases, the Trust has a responsibility to take immediate action once information is received relating to an allegation involving a child or adult at risk. Appendix 1 details the immediate steps taken by the Trust upon receiving information relating to an allegation involving a child or adult at risk. An investigation officer will be appointed to conduct an internal investigation into the issues raised, taking account of the fact that in many cases the Trust will not be in a position to itself investigate allegations of abuse and so it will be reliant on information provided by third parties.

5.2 The Trust must decide whether it is necessary during investigation to suspend without prejudice, the member of staff/volunteer against whom the allegation has been made. This decision must be considered very carefully and should not be undertaken without good reason. The decision should be made with the advice, where appropriate, of the

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LADO/ ASC/ALADO, Safeguarding Team, and also the Police, if there is a belief that a criminal offence may have been committed.

- 5.3 Alternatives to suspension should be considered, where this is justified by the risk assessment of the case.
- 5.4 Suspension should always be considered where:
- i. There is cause to suspect a child/adult at risk is at risk of significant harm, or
 - ii. The allegation warrants investigation by the police, or
 - iii. The allegation is so serious that it might be grounds for dismissal or
 - iv. Where it is necessary to allow the conduct of an investigation to proceed unimpeded.
- 5.5 A Risk Assessment must be considered / completed by the Head of Service, with HR, to determine whether the member of staff should be removed from frontline duties and whether alternatives to suspension can be considered. This assessment must be recorded and a copy kept on the staff file.
- 5.6 Any decision to suspend a member of staff must always involve the relevant Head of Service / Assistant Director and Head of HR. It may also be appropriate to seek legal advice.
- 5.7 In the case of an incident where it is not practicable to obtain immediate advice, for example, at the weekend, a reasonable course of action as an interim measure would be to send the individual(s) home. Whilst legally this may be regarded as a suspension, at this stage the official process of suspension will not have been taken. Also, the action is reversible should the Head of Service subsequently decide to take alternative action. If the decision is subsequently to suspend then the normal process should be carried out immediately.
- 5.8 The suspension must be carried out face to face with the member of staff concerned, wherever possible. He/she will be provided with the opportunity to be accompanied at the meeting to suspend him or her by a Trade Union representative, professional association representative or a work colleague.
- 5.9 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, this is not an indication that the Trust has prejudged the outcome. 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.

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- 5.10 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, including declaration of computer passwords as/where appropriate and under supervision, collect any personal belongings which he/she might require during the period of suspension.
- 5.11 Written confirmation of the suspension should be completed within 48 hours of the meeting, stating the reasons for suspension. Wherever possible, written confirmation should be prepared and handed to the individual at the meeting.
- 5.12 Where removal from frontline duties 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/adult at risk, additional supervision/support.
- 5.13 Where the member of staff/volunteer 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 member of staff/volunteer /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.

5.14 Update meeting

5.14.1 The investigating manager and HR representative will 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 if permitted
- Discuss welfare and any support the Trust may offer
- If suspended, confirmation of when this will be reviewed
- If placed on alternatives duties, discussion around any issues concerns
- Agree any actions required
- Agree dates for the next meeting
- It may also be appropriate to seek to agree with the member of staff what his/her colleagues will be told concerning the reason for his/her absence.

5.14.2 If the individual is either suspended or placed in alternative duties, thought should be given on 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.

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5.14.3 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.

6. SUPPORT FOR THE INDIVIDUAL

6.1 Once the member of staff has been made aware of the allegation they should be treated fairly, offered support throughout the investigation process, as should other members of staff affected by the situation.

6.2 The Trust accepts that it is distressing for a member of staff if an allegation is made against them, and it is part of the Trust's duty of care to ensure that the member of staff/volunteer has appropriate support. This support will be given both during the investigation (and the member of staff'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.

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

6.4 The pace of internal processes will often be dependent upon enquiries made by other external agencies, such as Social Care & the Police. However, all internal processes must be completed as quickly as possible, without impeding a thorough investigation.

6.5 The member of staff should be advised to seek support from their union or professional body, and be made aware of the support available within the Trust such as the counselling service.

7. CONFIDENTIALITY

7.1 It is recognised that allegations of abuse or harm to a child/adult at risk can have a profound affect on the victim and his/her family, the member of staff against whom the allegation was made, and colleagues of the member of staff. For this reason it is imperative that all concerned understand the need to maintain the confidentiality of those affected.

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7.2 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.

7.3 Consideration must also be made if the member of staff has a spouse, partner or family also working within the Trust.

8. STRATEGY MEETINGS

8.1 The local authority provides designated officers, LADOs, who can be contacted for consultation about any allegation against an adult who works with children 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 Strategy Meeting. Adult Social Care has similar arrangements to deal with allegations against staff working with adults who may be at risk (ALADO).

8.2 What is a Strategy Meeting?

8.2.1 It is a multi-agency discussion, to agree action following a referral where an individual who works with children / adult at risk(s) is alleged to have:

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

8.2.2 The main purpose of the discussion is to ensure the safety of the child or adult at risk. However, the role of the Trust in the discussion is around the duty of care to the member of staff and ensuring adequate support is provided for the member of staff.

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

8.2.4 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, NWAS will consider whether the member of staff against whom the allegation has been made should be suspended (without prejudice), or re-deployed to a non-patient/client area. NWAS may, however, have regard to the views expressed in the Strategy Meetings in reaching any decisions regarding the member of staff.

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8.2.5 The chair of the meeting should ensure the information, decisions and actions, are recorded.

8.3 Trust representatives at the Strategy Meeting

8.3.1 The Trust is required to send a representative to the Strategy Meeting and will consider who this should be in attendance. However, normally this would be:

- Investigating Manager
- Head of HR
- Safeguarding Manager/Practitioner

8.3.2 The member of staff who is the subject of the allegation is not entitled to attend the Strategy Meeting.

8.3.3 A final meeting will be held at the end of child/adult protection enquiries or criminal investigation. The purpose of the meeting is 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.

8.3.4 The outcomes of any Trust internal procedures must be reported to the LADO/ASC/ALADO& the Chair of the Allegations against staff strategy meeting.

9. OUTCOME OF EXTERNAL INVESTIGATION

9.1 When any external investigation is concluded, the Trust will consider what further action, if any, should be taken. A formal hearing will be arranged and the employee will have the opportunity to be accompanied by a Trade Union representative.

9.2 The Trust will consider the effect of the allegations and the outcome of any investigations or recommendations on the continued employment of the member of staff. The member of staff will have the opportunity to make representations, which the Trust will carefully consider and where appropriate make additional enquiries of relevant bodies. It should be recognised that in many cases the Trust will not be in a position to itself investigate allegations of abuse and so it will be reliant on information provided by third parties; the Trust will however carefully consider all material and not simply take information at face value. Where appropriate a specialist risk assessment will be carried out. Options open to the Trust include:

- taking no action
- redeployment

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- termination of employment (or any volunteering or other relationship) on the grounds of capability or conduct or some other substantial reason.

9.3 Any Trust investigation or review may continue to completion, irrespective of whether the person refuses to cooperate or where the person is and/or ceases to provide their services (e.g. resigns or retires), in order to establish if the allegation is substantiated.

9.6 The Trust will also consider if there should be a referral to the Disclosure and Barring Service. If such a referral to the Disclosure and Barring Service is to be made, where possible, this should be made within **1 month** of the conclusion of the case. Individuals who are members of a professional body have a professional responsibility to ‘self-refer’ to their profession body e.g. HCPC or NMC if they are convicted of an offence or receive a caution. The HR Directorate will take responsibility for informing relevant professional & registering bodies e.g. Disclosure and Barring Service (DBS), General Medical Council, HCPC. This list is not exhaustive.

9.7 ‘Settlement agreements’ should not ordinarily be used.

10. ACTION AT THE CONCLUSION OF A CASE

10.1 Investigations into allegations against a member of staff, including the outcome, will be placed on the individual’s personal file.

10.2 The Trust will notify the member of staff of the outcome of the review carried out under paragraph 9.2 as soon as reasonably possible which would normally be within 7 days of the conclusion of the review.

10.3 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 will consider how best to facilitate this and what support the member of staff requires 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 adult at risk 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).

11. CONFLICT OF INTEREST

11.1 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

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another agency,) or someone from an organisation to which they are affiliated e.g. religious, social etc.

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

- Use of staff within the organisation that are sufficiently separate from the line management of those against whom the allegation is made.
- The appointment of independent investigator(s) to undertake the investigation or oversee the process.

12. RECORD KEEPING

12.1 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 and, on completion, provide a copy of the investigation report to the member of staff. Trust records should be retained on the member of staff confidential personal file until normal retirement age or for ten years, whichever is the longer. Where disciplinary action has been taken and if it is a Safeguarding Children matter, the Trust reserves the right to retain the documentation indefinitely.

12.2 Where a child or adult at risk has made an allegation, a copy of the statement or the record made of it should be kept by the Head of Clinical Safety, which is not open to disclosure, together with a written record of the outcome of the investigation.

12.3 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 Clinical Safety and not placed on an individual's HR file.

13. TIMESCALES

13.1 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.

14. LESSONS LEARNED

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14.1 The Trust should also undertake an internal enquiry to ascertain what lessons can be learned by the organisation and how to apply those lessons. Any lessons learned as a result of investigation will be anonymised and shared across the Trust and reviewed in line with current procedures.

15. MONITORING

15.1 The LADO/ASC will report regularly to NWS Head of Clinical Safety:

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

16. DUTIES

16.1 Board of Directors

16.1.1 The Board of Directors 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 North West. This will aim to support the Government's goal of minimising inequalities and improving health outcomes for the population.

16.2 Chief Executive

16.2.1 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:-

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

16.3 Designated Executive Team Member

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16.3.1 The designated board member responsible for the Procedure for the management of allegations of abuse or neglect of a child or adult at risk will be the Director of Organisational Development.

16.4 Head of Clinical Safety

- a) 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:
- b) Ensuring, where appropriate, that action plans are developed by identified managers and monitored effectively:
- c) Communicating learning points identified during investigations to relevant internal and external stakeholders:
- d) Co-ordinating the production of reports for committees as necessary;
- e) Co-ordinating the production of the Trust's annual safeguarding report.

16.5 Safeguarding Practice Manager

- a) To maintain links with the wider safeguarding children and adults at risk network, and ensure that relevant information is disseminated as required to all staff within the Trust.
- b) In conjunction with the HR Team, to ensure the procedure updated every three years and to support relevant Local Safeguarding children Boards (LSCB) and Local Safeguarding Adults Boards (LSAB) in their multi-agency safeguarding work.
- c) To maintain up to date and high level knowledge of safeguarding children and safeguarding adults legislation, guidance and recommendations.

16.6 Human Resources

- a) To ensure that all cases of allegation against staff are investigated and managed in accordance with this procedure.
- b) To support the investigating managing throughout the investigation process
- c) To attend local strategy meetings as and when required

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- d) To ensure management of the case is in accordance with other Trust policies and procedures.
- e) To offer support and guidance to staff with concerns about issues relating to concern, whistle-blowing and allegations against Staff.

16.7 Other Specialist Advisers

16.7.1 The Trust will use other specialist advisers which may include:

- Health, Safety and Risk Team
- Local Safeguarding Children’s Boards (LSCB)
- Local Safeguarding Adults Boards (LSAB)
- Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Public Protection Arrangements (MAPPA) and the Police.
- The Trust’s solicitors
- Commissioning Consortium Groups (CCG)
- Children’s Death Overview Panels (CDOP)

16.8 All staff

16.8.1 All staff have a responsibility to ensure:

- a) Being personally responsible for any action or omission which would knowingly cause offence or risk to others
- b) Co-operating 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) Being personally responsible for reporting initial concerns about potential abusers i.e. liaison with the Head of Clinical Safety Safeguarding Practice Manager, Line manager, Human Resources in line with the Trust’s Procedure for the management of allegations of abuse or neglect of a child or adult at risk.
- e) To ensure awareness of the procedure.

17. COMMUNICATION

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- 17.1 When dealing with allegation of abuse of a child and an adult at risk, there is a need for effective communication with Stakeholders. The Trust will engage with patients and staff during the course of an investigation of allegations against staff in an open, honest and confidential manner.
- 17.2 The investigating manager will be the lead responsible for this with other managers becoming involved as and when required such as the Head of Clinical Safety, Human Resources Managers, and Communications Manager.
- 17.3 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, and email 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).
- 17.4 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 on external groups is therefore essential for the Trust to remain an effective provider of patient care. If there is any conflict between this procedure and the requirement of Working Together to Safeguard Children (or the equivalent for adults at risk), the Trust may have regard to those requirements.
- 17.5 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

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Appendix 1

STEPS TAKEN UPON RECEIVING REPORTS OF A CONCERN

The following steps relate to the management of a concern relating to a child or adult at risk reported directly to the Trust. In the case of the Trust being made aware of a concern via the Police and LADO/ASC/ALADO steps 7 to 9 should be considered.

Step 1 – Reporting the concern

Any member of staff who has a concern or has received information that a member of staff has behaved in a way outlined in 2.1 **must** report this to their Line Manager who will in turn report the matter to their Senior HR Manager.

Any member of staff receiving details of an allegation or concern must make a full record of the allegation including *when* the allegation was made, *to whom* the allegation was made, and recording the actual words used by the child or adult at risk or whoever made the allegation, and any actions taken and ensure that this record is signed, if possible by the child, adult at risk or person making the allegation. This should also be dated, timed and held securely. The document must be placed in an envelope clearly marked 'private and confidential'. Alternatively, this may be done via using the Trust's secure mail.

Step 2- Initial action

The line manager of the person receiving the allegation should collate all documentation and relevant information available at the time the allegation was made and then contact the Head of HR for advice on delivery of the document.

The member of staff, or managers within NWAS **must not** attempt to undertake any enquiries or to seek to determine whether the allegation is true or not. However it is acknowledged that immediate action may need to be taken to protect the child/children or adult at risk (e.g. removal of a member of staff from the premises), and any evidence should be secured and preserved (e.g. mobile telephone, computer etc.) subject to advice from the Head of Service / Assistant Director / Head of HR, police or LADO/ASC/ALADO. Limited enquiries as to the whereabouts of the member of staff against whom the allegation relates to should be made by the Head of Service / Assistant Director / Head of HR.

No discussion should occur between any manager within NWAS and the member of staff/volunteer against whom the allegation has been made prior to discussion with the Head of Service and Head of HR who will advise further.

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Where it is believed that a child/adult at risk is at immediate risk, the Police should be contacted by telephoning 999 or directly to the local Police Operations Centre.

If the Head of Service / Assistant Director / Head of HR may be implicated in the allegation or there is a concern that they may not have followed NWAS procedures, then the matter should be discussed with the Head of Clinical Safety in the first instance.

Where a member of staff receives an allegation against someone from another organisation, advice may be sought from the Head of HR who will pass on the information to the relevant organisation.

Step 4 – Contact with the Police and LADO/ASC/ALADO

On receiving information regarding an allegation/concern the Head of HR must consult with the Police and LADO/ASC/ALADO within one working day of the concern arising/the allegation being made will.

Prior to contacting the LADO/ASC/ALADO, gather the following information by appropriate means, in order to establish **the facts** of the allegation:

- i. Names, addresses, and dates of birth of the child or adult at risk concerned and the member of staff concerned, where possible;
- ii. Details of any potential witness to the event/concern;
- iii. Details of the member of staff's employment record, including any previous allegations/concerns;
- iv. The account of the person receiving the allegation or witnessing the event;
- v. Information regarding any other known paid or voluntary work that the member of staff undertakes with either children or adults at risk;
- vi. Whether the member of staff has any children of their own or who they care for (such as grandchildren, step-children);
- vii. Any other information which may be of relevance;
- viii. Any actions already taken.

The Head of HR should make contact with the Police and LADO/ASC/ALADO to discuss the next steps

Step 5

Consultation with the LADO/ASC/ALADO will consider:

- a. **Is the allegation demonstrably false? i.e. is there clear evidence to suggest that the event(s) did not take place?**

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- b. **Could the child or adult at risk have suffered/be at risk of suffering significant harm?** *If so, the LADO/ASC will consult with a Social Care manager to consider convening a Strategy Meeting.*
- c. **Could a criminal offence have been committed?** *If so, the LADO/ASC will consult with the Police to consider holding an Initial Evaluation Meeting.*
- d. **Could the person have behaved towards a child or adult at risk in a way that indicates he/she is unsuitable to work with children or adults at risk?** *If so, the LADO/ASC will advise NWAS as to what action they should take.*
- e. **Does none of the above apply?** *If so, the LADO/ASC will advise what, if any, internal action should be taken by NWAS.*

If an allegation against Staff Strategy Meeting is to be held then no action will be taken by NWAS prior to the outcome of the meeting, unless agreed with the LADO/ASC and the Police in order to provide information for the meeting or to safeguard the welfare of a child/children or adult at risk.

Step 6

The NWAS Head of HR and LADO/ASC/ALADO will exchange confirmation in writing about their discussions, including any actions taken or planned, within 24 hours of that discussion (letter or e-mail).

Step 7

Following informing the LADO/ASC/ALADO and subject to advice received, the Head of HR will also inform the following of the allegation, where appropriate, within one working day:

- i. NWAS Chief Executive
- ii. Medical Director
- iii. Head of Clinical Safety Safeguarding Practice Manager
- iv. Director of OD

The purpose of informing the above is to indicate what action has been taken or is proposed, and to determine any immediate action necessary to protect the child/children or adult at risk or any other children or adults at risk with whom the member of staff/volunteer may have access, and to protect any evidence.

At this point an Investigating Officer will be appointed to conduct an investigation. It should be noted that in many cases the Trust will not be in a position to itself investigate allegations of abuse and so it will be reliant on information provided by third parties.

Step 8

The member of staff against whom an allegation has been made should be informed verbally about the nature of the allegation, and a face to face meeting arranged as soon as possible. This must be done as soon as possible **after** the LADO/ASC/ALADO has been consulted and only after this step has been agreed with the LADO/ASC/ALADO and the Police. The member of staff/volunteer will be offered the option of Trade Union/Welfare Officer support at this time.

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The person against whom the allegation has been made should also be advised of:

- i. Their right to contact and seek advice from their Professional Association, Trade Union and/or a legal representative
- ii. The possible outcomes of the enquiries e.g. criminal and/or disciplinary action/nothing/no action
- iii. Agreements for on-going support and provision of information
- iv. How decisions will be made regarding referral for consideration of inclusion on those lists preventing or restricting their work with children and young people (Disclosure and Barring Service)(DBS)
- v. Any information which will be passed to registering bodies e.g. Health and Care Professions Council (HCPC), General Medical Council etc.

Step 9

The information discussed and actions agreed from the meeting (including confirmation of suspension where applicable) will be confirmed in writing to the member of staff against whom the allegation has been made within 24 hours.

Please note

It is recognised that such allegations or concerns can have a profound effect on the victim, the member of staff against whom an allegation has been made and colleagues, and so it is essential that confidentiality is maintained with information only being shared with those who need to know about the allegation.

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