

Clinical Standard Operating Procedure (SOP)

MANAGING SAFEGUARDING ALLEGATIONS AGAINST MEMBERS OF STAFF

SETTING Trust-wide

FOR STAFF All staff

PATIENTS All patients

STANDARD OPERATING PROCEDURE

The Children Act 1989 states the principle which underpins the management of an allegation of child abuse against a member of staff, that is, the welfare of the child is the paramount consideration. The framework for managing allegations is set out in Working Together to Safeguard Children (2018).

The framework applies to all who work with children and young people including those who work in a voluntary capacity. It also covers a wider range of allegations, including cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child.
- Possibly committed a criminal offence against, or related to, a child.
- Behaved in a way that indicates s/he is unsuitable to work with children.

The principles of the policy also apply to staff who are in a position of trust and may be caring for adults at risk. Dealing with an allegation that a professional, staff member or volunteer has abused a child (or adult at risk) is difficult but must be taken seriously and dealt with carefully and fairly. It is not for the recipient of the information to make a judgment regarding its validity, failure to report the allegation may result in disciplinary action.

In addition these principles apply:

If there are concerns about the person's behaviour towards their own child, other children
or an adult at risk, unrelated to their employment or voluntary work, and there has been a
recommendation from a strategy discussion that consideration should be given to the risk
posed to children they work with.

Or

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

The Trust Allegations Manager (listed on the Safeguarding Children page of <u>Connect</u>), with the support of the safeguarding Lead Nurse, will work with the identified Local Authority Designated Officer (LADO) who has responsibility for further investigation and actions. The Trust will take due regard of all allegations and work within the required multi-agency agreements, considering recommendations and actions necessary from all safeguarding professionals to protect at risk people.



It may be that in the course of other investigations/processes e.g. staff disciplinary that a safeguarding concern comes to light; these must always be reported to the Safeguarding team even when it is in retrospect.

The Clinical Commissioning Group (CCG) will be notified of any allegations in which the outcome of the LADO strategy is to proceed with an investigation; these cases will also be reported through the serious incident (SI) reporting process. Members of staff should be informed of any allegations made against them as soon as possible, but with due regard to protecting evidence and the disclosure of information.

Any investigation may have three related but independent strands:

- 1. Child protection enquires relating to the safety and welfare of any children who are or may have been involved.
- 2. Trust disciplinary procedures and referral to the professional body (e.g., Nursing and Midwifery Council/General Medical Council, etc.) where it appears that the allegation may amount to misconduct or gross misconduct on the part of a member of staff.
- 3. A police investigation into a possible offence. It is for the police to carry out any investigation not staff, but staff will co-operate with the police in order to establish whether or not a child cared for has been subject to abuse.

The relevant Manager, the Safeguarding or Operational lead and Human Resources should discuss and/or meet within 24 hours (or equivalent appropriate staff if out of hours). This meeting should ensure that:

- A risk assessment is carried out to determine what immediate action needs to be taken to
 ensure the safety of the specific adult / child at risk and consider any other adults or
 children that may be at risk. This should be documented in the staff records by the Human
 Resources partner and /or the relevant Manager.
- Consideration should also be made regarding support for the staff member. They should be made aware of the support services offered by Occupational Health such as counselling.
- The police have been informed if appropriate and a safeguarding referral or "Cause for Concern" has been raised.

Initial information may need to be gathered and a "strategy discussion" with inter-agency colleagues is required to establish if a "strategy meeting" is necessary, this will be determined by the Police and the Local Authority. When a strategy meeting is required it may be necessary to defer any internal Trust investigation until the conclusion of a Police investigation where the case has been identified as criminal.

When a strategy meeting requests a Section 42 enquiry under the provisions of the Care Act 2014, the Trust will use its usual internal polices and processes to investigate the concern and then use this report to feedback to the Local Authority Safeguarding investigator i.e. RCA or disciplinary.

The Trust must appoint an investigating officer and inform the Local Authority who this is. On occasions when the investigation is particularly sensitive then it may be advisable to appoint an investigator from a different division to ensure transparency.



The member of staff being investigated must be allocated an appropriate senior

member of staff to act as a point of contact and support within the Trust. The member of staff must also be given an information leaflet clarifying the investigation process (leaflet available on both the Safeguarding connect page and HR webpage).

Where any staff member is dismissed referral to the Disclosure and Barring Scheme and registration bodies as per HR policy must be considered.

For further information please refer to the Safeguarding Nursing Team for advice, the Keeping Bristol Safe Partnership website or the South West Child Protection procedures at www.swcpp.org.

The process for the management of staff allegations is summarised In Appendix A.

RELATED DOCUMENTS Guidance for staff and volunteers facing an allegation of abuse

AUTHORISING Safeguarding Steering Group

SAFETY

QUERIES

Safeguarding Team,



Appendix A – Flowchart for Management of Allegations Against Staff

A safeguarding/criminal allegation is made against a member of staff in their professional role or in their personal life



Escalate immediately to the appropriate divisional Head of Nursing (HON) and the Safeguarding Team. The Chief Nurse may also need to be informed



Immediate protective actions to be discussed and implemented by the HON, Human Resources and Safeguarding Lead Nurse; including a risk assessment and the possible suspension of the staff member pending a full investigation. This is for the benefit of the patients as well as the staff member



The Safeguarding Lead Nurse will liaise with the Trust internal and Local Authority Designated Officer (LADO)



Consideration should be made with regards to reporting to the Police for possible criminal Investigation



Out of usual working hours the incident should be reported to the Clinical Site team. The Duty Manager for the Hospital may also need to be informed





If the allegation is unfounded then the staff member should be supported to return to work If the allegation is substantiated implement protective plans and refer to professional body and DBS if appropriate

Safeguarding Lead to ensure the outcomes are shared with appropriate external agencies such as CCG and CQC