

Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ

**Ref:** FOI-062024-000953

**Date:** 01/07/2024

**Address / Email:**

Dear

**Request Under Freedom of Information Act 2000**

Thank you for requesting information under the Freedom of Information Act 2000.

**Request**

**1. How many sexual safety incidents has the trust recorded where the alleged victim was a patient aged 60 or over and the alleged perpetrator was a staff member (including agency staff)?**

**Please provide figures for:**

**April 2021 to the end of March 2024 (total)**

**2021-22**

**2022-23**

**2023-24**

**2. Do you have a Sexual Safety policy in place that covers assaults on patients by staff?**

**3. Does the policy also explicitly address the sexual abuse of older people?**

**4. Have staff received training on dealing with sexual abuse against people with dementia?**

**5. What training have staff received on dealing with sexual abuse against people with dementia?**

**6. Is this training mandatory for staff dealing with patients with dementia?**

**7. If your hospital has incidents recorded, please provide more information:**

**Sex of victims**

**No. Male**

**No. Female**

**No. Other**

**8. Sex of alleged perpetrator**

**No. Male**  
**No. Female**  
**No. Other**

**9. Role(s) of alleged perpetrators**

**HCA**  
**Nursing Staff**  
**Surgeon**  
**Anaesthetist**  
**Other**

**10. Locations of alleged incidents (pls specify number for each incident)**

**Same Sex Ward**  
**Single Sex Ward**  
**Theatre**  
**Public Area**  
**Other**

**11. Was incident reported to the police (please specify number for each incident)**

**Yes**  
**No**  
**Unknown**

**12. If not reported, please give reasons for this:**

**Please indicate if outcome of any police investigations if known:**

**13. Was a referral made to the local Sexual Assault Referral Centre? (please specify number for each incident) Yes, No, Unknown**

**14 Was the victim signposted to sexual violence support services (please specify number for each incident) Yes, No, Unknown**

**Response**

<p><b>How many sexual safety incidents has the trust recorded where the alleged victim was a patient aged 60 or over and the alleged perpetrator was a staff member (including agency staff)?</b></p>	
<p><b>April 2021 to the end of March 2024 (total)</b></p>	<p><b>0</b></p>
<p><b>2021-22</b></p>	<p><b>0</b></p>
<p><b>2022-23</b></p>	<p><b>0</b></p>
<p><b>2023-24</b></p>	<p><b>0</b></p>
<p>Do you have a Sexual Safety policy in place that covers assaults on patients by staff?</p>	<p><b>Please find attached our Managing Allegations Policy which refers to sexual safety.</b></p>
<p><b>Does the policy also explicitly address the sexual abuse of older people?</b></p>	<p><b>No – we do not have a specific policy which explicitly addresses sexual abuse of older people.</b></p>
<p>Have staff received training on dealing with sexual abuse against people with dementia?</p>	<p><b>There is no specific training regarding sexual abuse against individuals with dementia. All levels of safeguarding training cover aspects of sexual abuse in adults, including the signs and actions required.</b></p>
<p><b>What training have staff received on dealing with sexual abuse against people with dementia?</b></p>	<p><b>Currently there is no training on this, as mentioned above.</b></p>
<p><b>Is this training mandatory for staff dealing with patients with dementia?</b></p>	<p><b>There is Dementia awareness training delivered via face-to-face sessions, but this does not cover the specific subject of sexual abuse.</b></p>

	<b>Safeguarding training is mandatory for all staff and volunteers in the Trust.</b>
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If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager  
Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ  
Email: [dgft.dpo@nhs.net](mailto:dgft.dpo@nhs.net)

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Tel: 0303 123 1113  
[www.ico.org.uk](http://www.ico.org.uk)

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

**Freedom of Information Team**  
**The Dudley Group NHS Foundation Trust**

MANAGING ALLEGATIONS AGAINST STAFF POLICY	<b>DOCUMENT TITLE:</b>	<b>MANAGING ALLEGATIONS AGAINST STAFF POLICY</b>
	<b>Name of Originator/Author /Designation &amp; Specialty:</b>	██████████ Head of Safeguarding
	<b>Director Lead:</b>	Chief Nurse
	<b>Target Audience:</b>	All staff
	<b>Version:</b>	2.0
	<b>Date of Final Ratification:</b>	01/08/2023
	<b>Name of Ratifying Director Lead/Sponsor:</b>	██████████
	<b>Review Date:</b>	31/08/2026
	<b>Registration Requirements Outcome Number(s) (CQC)</b>	All outcomes
	<b>Relevant Documents /Legislation/Standards</b>	<a href="#">Children Act 2004 and 1989</a> <a href="#">Working together to safeguard children 2018</a> <a href="#">Care Act 2014</a> <a href="#">Safeguarding Children, Young People and Adults at risk in the NHS. Safeguarding Accountability and Assurance Framework (2022)</a> <a href="#">West Midlands Regional Child Protection Procedures</a>
<b>Contributors:</b>	<b>Designation:</b>	
<b>Individuals involved in developing the document.</b>		
<b>The electronic version of this document is the definitive version</b>		

#### CHANGE HISTORY

Version	Date	Reason
1.0	July 2020	New document
2.0	August 2023	Full Review and Update

**A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.**

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# THE DUDLEY GROUP NHS FOUNDATION TRUST

## MANAGING ALLEGATIONS AGAINST STAFF POLICY

### 1 INTRODUCTION

The Dudley Group NHS Foundation Trust (DGNHSFT) is committed to safeguarding and promoting the welfare of children and adults. Children and 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/adults by a professional, staff member or volunteer must therefore be taken seriously and treated in accordance with this policy.

Managing safeguarding allegations against staff working with children and adults with care needs is required under the Children Act (1989/2004) and the Care Act (2014). Working Together to Safeguard Children and Young People (2018) and the Safeguarding Accountability and Assurance Framework (2022) set out expectations that all statutory organisations will have a procedure for managing allegations against staff.

Working Together to Safeguard Children (2018) Chapter 2 states that all “Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children.” p.60

The Safeguarding Accountability and Assurance Framework (2022) states that providers must assure themselves, the regulators, and their commissioners that safeguarding arrangements are robust and are working including arrangements of *“Safe recruitment practices and arrangements for dealing with allegations against staff.” P.14.*

The Care Act 2014 Statutory Guidance requires all employers to have clear procedures in place setting out the process to manage allegations made against their members of staff.

### 2 STATEMENT OF INTENT/PURPOSE

This policy is focused on management of risk, based on assessment of harm and abuse, following an allegation about a member of staff or volunteer. This policy has been developed to ensure a consistent and effective response to any concerns or allegations made against staff or volunteers within the Trust who work with or care for children, young people or adults with care and support needs. Concerns or allegations may be in connection to duties within the Trust, staff members’ personal life or in any other capacity they have outside of the Trust. The allegations and concerns may be current or historical.

*In all cases of alleged abuse, the safety of the child or adult is paramount. All cases of suspected or alleged abuse by an employee or volunteer will be taken seriously.*

DGNHSFT recognises that employees and volunteers are themselves vulnerable and have a right to expect that complaints or allegations about their

behaviour will be investigated professionally and objectively and that appropriate support is available. This policy reflects how the Trust meets its duty of care in relation to the member of staff against whom an allegation has been made and makes clear the processes that are required to support the individual through the investigation and safeguarding procedures.

All employees working with children and adults have a personal responsibility to report suspicions or allegations of abuse. This also applies when the suspicion is raised against a colleague or where staff/managers are informed by a colleague/member of their team that they: -

- have become involved in a criminal investigation.
- have been charged with a criminal offence.
- have become involved in child or adult protection proceedings where they are considered to have caused harm to a child, young person or adult.

The Trust is committed to creating a climate in which allegations or concerns can be raised without fear of recrimination to the reporter (Refer to the [Raising Concerns Speak Up Safely \(Whistleblowing\) Policy](#))

This policy must be used in respect of all cases where it is observed, evidenced or alleged that an employee has:

- Behaved in a way that has harmed, or may have harmed, a child, young person or adult either receiving care within the organisation or whom the individual knows externally
- Possibly committed a criminal offence against, or related to a child, young person or adult
- Perpetrated behaviours which breach the law or Trust policies and places the child or adult at significant risk of harm
- Abused their position of authority or trust
- Behaved in a way that casts doubt on their suitability to work with adults or a child. For example: they have been arrested or convicted of a drug, alcohol or violence related offences
- Failed to work collaboratively with social care agencies when issues about care of children, young people or adults with care needs for whom they have caring responsibilities are being investigated
- Where inadequate steps have been taken to protect individuals from the impact of violence or abuse
- Been subject to a MARAC (Multi-Agency Risk Assessment Conference) as a perpetrator of MAPPA (Multi-Agency Public Protection Arrangements) process
- Staff that have been identified as perpetrators of domestic abuse have a responsibility to disclose this information to their line manager. If work colleagues receive any informal disclosures in relation to domestic abuse, then those colleagues also have a duty of care to share such information as set out in this policy
- Demonstrated behaviour which could constitute grooming
- Where an allegation is made about abuse that took place some time ago.

This policy provides a framework for managing safeguarding allegations against staff which: -



- Keeps children, young people and adults safe from harm and abuse
- Sets out clear roles and responsibilities for those staff required to manage allegations
- Sets out clear reporting requirements and arrangements for the management of safeguarding allegations
- Ensures that allegations are dealt with expeditiously and in a fair, proportionate and transparent way
- Ensures that appropriate systems are in place to support senior and operational managers who are responsible for managing allegations
- Ensures that appropriate systems are in place to support and provide regular updates to the employee concerned in respect of any investigation
- Ensures that the control of information in respect of individual cases is in accordance with data protection and confidentiality requirements
- Ensures that where staff are found to have had allegations substantiated against them, appropriate governance procedures are followed, including a referral to the individual's Professional Body (i.e., the NMC), the Disclosure and Barring Service (DBS) and the Police, where appropriate
- Ensure appropriate recording systems are in place and that these provide a clear audit trail about the decision-making process and any recommendations arising from the investigation and subsequent actions
- Ensures recording of the number and nature of allegations made and using this data to inform service improvement and development
- Ensures, where appropriate, that lessons are learnt and disseminated throughout the organisation to minimise further incidents and inform future practice

All procedures within this policy are in line with the Dudley Safeguarding People's Partnership (DSPP) Managing Allegations against Staff or Volunteers who work with children Procedure [LADO-Allegations-Procedures.pdf \(dudleysafeguarding.org.uk\)](https://www.dudleysafeguarding.org.uk/LADO-Allegations-Procedures.pdf) and the Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands Adult Safeguarding Policies and Procedures (2019) [WM Adult Safeguarding PP v20 Nov 2019.pdf \(safeguardingwarwickshire.co.uk\)](https://www.safeguardingwarwickshire.co.uk/WM_Adult_Safeguarding_PP_v20_Nov_2019.pdf)

### 3 DEFINITIONS

**DSPP** – Dudley Safeguarding Peoples Partnership

**MASH** – Multiagency Safeguarding Hub

**Local Authority Designated Officer (LADO)** – Local Authority role responsible for managing and overseeing concerns, allegations, or offences in relation to staff and volunteers in any organization across a local authority area. It pertains only to children.

**Disclosure and Barring Service (DBS)** – service which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. DBS is an executive non-departmental public body, sponsored by the Home Office.

**Position of Trust (POT)** – a person who works, in a paid or unpaid capacity, with children or adults with care and support needs.

**Child Safeguarding Practice Review** – is undertaken when a child dies, or the child has been seriously harmed and there is cause for concern as to the way organisations worked together. The purpose of a child safeguarding practice review is for agencies and individuals to learn lessons that improve the way in which they work.

**Safeguarding Adult Review** – A Safeguarding Adult Review is a multi-agency process that considers whether serious harm has been experienced by an adult, or group of adults at risk of abuse or neglect, could have been predicted or prevented. The process identifies learning that enables the partnership to improve services and prevent abuse and neglect in the future.

**Non-substantive staff** – staff who are not directly employed by DGNHSFT e.g., agency staff or contracted staff.

## **4 DUTIES (RESPONSIBILITIES)**

The Children Act 1989 and 2004 and the Care Act 2014, sets out statutory requirements for the Trust to have a clear process of managing allegations against people who with children and adults with care and support needs.

### **4.1 Trust Board**

The Trust Board is responsible for providing an environment in which safeguarding children, young people and adults is paramount and ensuring that designated staff take immediate action when issues of concern arise.

### **4.2 Chief Nurse**

The Chief Nurse, as Executive Lead for Safeguarding in the Trust, has overall responsibility for the effective and full implementation of this policy and will be advised at the outset of all allegations against members of Trust staff.

### **4.3 Trust Medical Director**

The Trust Medical Director will be advised at the outset of all allegations against members of Trust medical staff and will be responsible for ensuring this policy is fully implemented as a result of allegations being made.

### **4.4 Head of People**

The Head of People will be advised immediately of all allegations made against staff and work collaboratively with the Head of Safeguarding to ensure procedures set out within this policy are implemented, ensuring a HR Business Partner is appointed to advise on all aspects of employment law including restrictions on practice, exclusions, and disciplinary action and to maintain accurate record keeping and safe storage of files pertaining to the allegation.

### **4.5 Head of Safeguarding**

The Head of Safeguarding will provide safeguarding expertise and guidance throughout the allegation process. The Head of Safeguarding will work collaboratively with the Head of People and appointed HR Business Partner to ensure appropriate multi-agency referrals and discussions take place and the policy is fully implemented.

#### **4.6 Department/Service Lead**

Department/Service leads will have oversight and assurance that Line Managers adhere to their roles and responsibilities and provide guidance to Line Managers to ensure they are supported in fulfilling their duties.

#### **4.7 Line Managers**

Line Managers will work with their Department/Service Lead, HR Business Partner, Head of Safeguarding, and the staff member to ensure the policy is fully implemented, that children and adults are kept safe from harm and the employee is fully supported.

#### **4.8 All Staff**

All staff must ensure they are aware of and understand their responsibilities in reporting any allegations made against other members of staff. All staff have a responsibility to inform their line manager if they become involved in any allegation outside of their work, including investigations by the police or children and adult safeguarding services.

### **5 PROCESS**

#### **5.1 Allegations about staff may be received from: -**

- Child, young person or adult
- Relative or friend of child, young person or adult
- An outside agency e.g., police, social services
- Staff or volunteers
- Member of the public
- A member of staff who discloses they have become involved in police or safeguarding enquiries in the personal life or in their capacity outside of work.

#### **5.2 Receiving an allegation**

On receiving an allegation, the individual to whom it has been reported must immediately report this to their line manager. If the allegation is in relation to their line manager, the staff member should report to the next person in line within the management structure of their department/service. The staff member who has received the allegation should treat the matter seriously and keep an open mind.

#### **They should not: -**

- Attempt to deal with the situation themselves or instigate an investigation.
- Make assumptions
- Ask leading questions
- Offer alternative explanations
- Diminish the seriousness of the behaviour or alleged incidents
- Keep the information to themselves
- Inform the staff member who the allegation is about
- Take any action which may undermine any future investigation or disciplinary procedure such as interviewing the alleged victim or potential witness or informing the alleged perpetrator or parents or relatives.

The staff member who the allegations have been made against, may be informed that a concern has been raised but the details of the allegation should not be provided until it is clear from discussion at the Multi-Disciplinary Meeting and with partner agencies that this information can be disclosed.

### 5.3 Procedure for reporting and managing allegations

Once an allegation is received the following reporting processes will be implemented: -

- Ensure the immediate safety of the adult or child concerned
- Inform the Chief Nurse/Medical Director, Head of People and Head of Safeguarding/Safeguarding Team. Out of Hours support and advice should be obtained via the Director on call
- The Head of Safeguarding to liaise with the Lead Consultant for Safeguarding Adults and the Named Doctor for Safeguarding Children as required
- Submit a safeguarding child or adult referral as per Trust [Safeguarding Children Policy](#) and [Safeguarding Adults Policy](#)
- Where a criminal offence has been alleged the police must be notified and a reference number obtained and recorded
- Submit a Datix™ incident report
- Datix™ must contain the name of the patient, but the name of the staff member may be withheld from the initial Datix™ report to maintain confidentiality
- Submit a Position of Trust referral to the Local Authority: -
  - For Children this referral must go to the Local Authority Designated Officer (LADO) - [LADO-Referral-Monitoring-Form.docx \(live.com\)](#)
  - For adults this referral must go to the Position of Trust (POT) Manager for the Local authority – [PIPOT-Referral-Form-1.docx \(live.com\)](#)

Within 24 hours of the allegation being made a Decision-Making Group will be convened by the Human Resources Department.

The group will consist of:

- HR Business Partner OR Head of People OR HR Director (whoever is available)
- Divisional Director OR Divisional Chief Nurse (or nominated deputy)
- Line manager of the individual (or nominated deputy)
- Safeguarding representative (if applicable)
- Temporary Staffing Manager (if applicable)
- Member of the patient safety team (if applicable)

The Decision-Making Group will review the allegation and:

- Agree any other actions that are required to ensure the safety of patients/staff/visitors
- Decide if any other stakeholders need to be informed or involved

- Consider what support individuals need and who is going to provide the support
- Decide what further information is required to inform decisions and risk assessments
- Agree process of sharing of information with the alleged perpetrator and who will undertake this.
- Undertake an initial risk assessment and make recommendations as to whether the individual should remain at work – see section 5.7 (the final decision resting with the Chief Nurse/Medical Director)
- Review the information against the Restorative Just and Learning Culture Principles NHS Employers (2021), Implementing a just and learning culture.

Following the Decision-Making Group, the Chief Nurse/ Medical Director and Head of People will be advised of the outcome and approve the actions to be undertaken.

Potential risks to the Trust's reputation must be managed via Senior Operational Managers and the Trust's Communications Department.

If the Trust becomes aware of an allegation or concern about an individual who is not employed by the Trust but who is employed under the same statutory framework (for example, GP practice, children or adult social care services) the Trust would inform the employer so they can instigate their own internal investigations and make the necessary position of trust referrals. Evidence of this must be recorded via Datix™.

### **Allegation without identifiable perpetrator**

Where there is an allegation against an individual member of staff, but the victim cannot identify who that person was, the Decision-Making Group will decide on the best course of action to take, this may involve reviewing the notes and gaining statements from relevant staff.

## **5.4 Role of the Local Authority Designated Officer (LADO) and Position of Trust (POT) Manager**

The LADO and POT Manager will provide advice and guidance and be involved in the management and oversight of all allegation cases as well as liaising with all other parties and monitoring the progress of all cases.

The Head of People/HR Business Partner, Head of Safeguarding and the LADO/POT Manager will jointly consider whether more information is needed or whether there is evidence or information that establishes that the allegation is false or unfounded. The discussion will then focus on whether the information meets the agreed thresholds to hold a strategy meeting under the agreed DSPP procedures for the management of allegations.

Liaison with the LADO/POT Manager should include: -

- Consideration whether the person in a position of trust will need to be moved to another area of work or suspended pending investigation in line with [Trust Disciplinary Policy](#)

- Discussion of any previous allegations or concerns
- Decisions of whether a police investigation is necessary
- Allocation of tasks and set timescales
- Deciding what information can be given to the staff member in respect of the allegation that has been made against them
- Consideration of what support will be made available to the staff member and anyone else affected
- Agreement of procedures for reviewing investigations and monitoring progress
- Consideration of managing possible media interest
- Consideration if a referral to the DBS or staff members regulatory body is required
- Discussion of measures required to be put in place to ensure the protection of the child, young person or adult with care needs.

## 5.5 Types of Investigation

Following a referral to the LADO/POT Manager, there are three strands which require consideration of an allegation:

- A police investigation of a possible criminal offence
- Social care enquiries and / or assessment about whether a child is in need of protection
- Disciplinary action (including suspension) where the allegation means that the staff member is potentially unsuitable to work with children or adults.

It is the responsibility of the employee's line manager with support from the HR Business Partner and Head of Safeguarding to act as the Trust's representatives within these enquiries and provide/coordinate the necessary information to support these investigations. It will be necessary for the line manager, HR Business Partner and Head of Safeguarding to ensure that there is appropriate representation at key strategy meetings held in accordance with these investigations.

## 5.6 Information and Support to Staff Member

The Line Manger, with support of the HR Business Partner, will ensure that the staff member is informed of the details of the allegation as soon as possible after consulting with the LADO/POT Manager or other relevant agencies, ensuring that any restrictions on information sharing that may be imposed by the police or social services is observed.

The employee should be informed how enquiries will be conducted and possible outcome e.g., disciplinary action, dismissal, referral to regulatory body, these should be explained together with sources of support and advice, e.g., from professional organisation/trade union/Staff Health and Wellbeing. The employee must: -

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process
- If suspended, have this suspension reviewed in line with the [Trust Disciplinary Policy](#)

A senior member of staff, not involved in the investigation, should be appointed as a point of contact for the staff member who is subject to the allegation.

## **5.7 Risk Assessment and Suspension from Duty**

In some cases, it will not be appropriate for a member of staff to remain at work whilst investigations are being undertaken. It may be clear from the nature of the concern and from advice provided by external agencies that the staff member should be suspended from duties. At other times, the Trust may need to undertake a risk assessment to consider the appropriateness of the staff member remaining at work and/or consideration of transferring the staff member to a different work area or setting.

The risk assessment should consider: -

- The seriousness of the allegation
- Has trust and integrity been compromised? e.g., staff member has failed to inform the Trust of police caution, bail or criminal conviction
- Whether the individual's professional judgement and ability to protect patients is compromised
- Whether the individual's fitness to practice is impaired
- Whether the individual poses a risk to their colleagues, visitors or patients
- Whether the individual can safely work in either a supervised patient contact role or non-patient contact role
- Whether there is a criminal case pending.

The decision to suspend or change the staff member's working practice will be taken by the Chief Nurse and/or Medical Director, Head of People with advice from Head of Safeguarding where appropriate.

## **5.8 Trust Internal Investigation**

Internal investigation and disciplinary procedures apply in any scenario where the conduct or performance of a staff member is suspected to have been unsatisfactory or given cause for concerns to be raised. It is not always necessary to await the outcome of any external enquiry before undertaking internal procedures, however consent must be gained from the police to ensure their criminal investigation is not contaminated. It is likely that these procedures will run concurrently. Regular contact should be maintained between the HR Business Partner leading the investigation and the Chief Nurse, Head of Safeguarding and Medical Director (where appropriate). The HR Business Partner will be the responsible person for liaising with the police and LADO/Position of Trust Manager where they remain involved.

Where the allegation does not meet the threshold for a statutory response from Children's or Adult Services or criminal investigation by the police, the Trust should continue with their own internal investigation and procedures to demonstrate that all consideration has been given to the safety of the staff member remaining in their position and to ensure they receive all appropriate support as part of the investigation action plan. The internal investigation will determine whether a formal disciplinary hearing should be convened or whether the allegations are unsubstantiated. If the investigation reveals other matters which amount to misconduct in their own right, then the seriousness of

these should be considered and actions taken following the Trust [Disciplinary Policy](#)

## **5.9 Documentation and Record Keeping**

The Trust's HR department will be responsible for storing all documentation, reports, minutes and referrals in relation to the allegation in a safe and secure format in order that it can be shared with appropriate agencies such as the Police, Safeguarding People's Partnership and CQC as required.

Any action plans associated with the allegation will be managed and reviewed by the Trust HR department.

The following must be accurately documented and securely stored: -

- The nature of the allegation/concern
- Who was spoken to as part of the investigation
- Statements from participants in the investigation
- Minutes and actions of all meetings
- Any patient/staff records seen and reviewed
- Risk assessments completed
- Clear documentation of actions were considered and justification for specific decisions, including suspension and any actions taken under the Trust's [Disciplinary Policy](#)

The above information will be held up to and beyond the employee's statutory retirement age. They may be retained beyond 20 years if they continue to be required. Refer to Records Management Code of Practice for Health and Social Care (2023)

## **5.10 Resignation and Sick Leave**

If a staff member tenders his or her resignation, or ceases to provide services, this must not prevent all allegations being followed up in accordance with the Trust [Disciplinary Policy](#). The process of investigating an allegation remains the same whether the employee has been suspended, resigned or is on sick leave.

## **5.11 Outcome and conclusion of allegation**

The outcome of all internal and external investigations must be clearly recorded. A further meeting should be arranged, including external agencies where applicable in order to: -

- Share findings of the investigations
- Outline any further actions required
- Review the circumstances of the case to identify whether any improvements are required to the Trust or other agencies practice or procedures
- Consider whether referrals should be made to Disclosure and Barring Service and the staff member's professional body where applicable
- Consider if the circumstances of the case warrant referral to the Chair of the Dudley Safeguarding People's Partnership for consideration of Child Safeguarding Practice Review or Safeguarding Adult Review



- Decide whether the staff member who has been suspended or moved to work in another area can return to normal duties and if so, what support can be put in place.

The conclusion of the investigation/s should be shared with the staff member in a timely manner by the Head of People and head of department/dept. If the allegation is upheld and further actions must be taken e.g., termination of employment, this should be carried out within the guidelines provided by the Trust [Disciplinary Policy](#). A clear action plan must be drawn up with time frames attached.

It is the responsibility of the HR Business Partner and the staff member's line manager or Department/Dept Head to oversee the action plan and ensure all actions are completed. Progress of the action plan and completion of all actions should be communicated to the Chief Nurse, Medical Director, where applicable, and the Head of Safeguarding.

The conclusion date is the point at which there is no further action required by the Trust, social services, the police or courts regarding the allegation and all actions have been completed and evidenced.

#### **5.12 Referral to DBS and Professional Bodies**

If the staff member is registered with a professional body and there are concerns about their fitness to practice, the Trust has a responsibility to refer to the professional body's published guidance and consider the need to raise the concern.

A professional body has a range of options and include suspending the person from practice, de-registering them or imposing conditions of practice that the person must work under

Where action has been agreed that a notification should be made to the staff member's professional body, this should be made by the by the Department/Service Lead with the support of HR Manager.

The Disclosure and Barring Service is responsible for holding records of individuals who are unsuitable for working with adults and/or children; these are known as the "Barred Lists".

Where a staff member who has been subject of a position of trust process is deemed, via the Trust's [Disciplinary Policy](#), to be unsuitable to work with such groups of people, they must be referred to the DBS for consideration of being added to the Barred Lists. The HR Business Partner should take responsibility for making this referral and documenting the outcome.

#### **5.13 Non-substantive staff**

As detailed in the recent lessons learnt report into Saville (Dept of Health 2015), if a safeguarding allegation is made against a worker providing services to the Trust but is not directly employed by the Trust, the allegation must also be shared with their employer or the body that engaged them in work for the Trust. Examples of this are listed below but are not exhaustive: -

- Allegations made against agency workers must be reported to the appointing agency

- Allegations made against workers employed by external contractors must be referred to the contractor
- Allegations made against workers seconded from another employer to the Trust must be reported to the relevant employer
- Allegations made against volunteers undertaking duties for or on behalf of the Trust must also be reported to any voluntary body the person is volunteering with
- Allegations made against workers engaged under a contract for services must be referred to Procurement.

Despite the fact that allegations against such workers must be reported as above, the Trust still retains a responsibility to make referrals to police and social services as detailed in this policy. The other agencies involved with the employment of the individual should be invited to attend a meeting with relevant statutory services that have been referred to.

Assumptions must not be made that the other employing agency has referred the matter to the police/social services/other relevant body – evidence must be provided and retained for record keeping in line with this policy.

#### **5.14 Unsubstantiated and False allegations**

In cases where the allegation cannot be substantiated, staff involved in the investigation, including external partners where appropriate, must consider and agree on appropriate course of action. The Chief Nurse/Medical Director together with Head of People should agree whether it is still appropriate to continue under the Trust Disciplinary proceedings if there are remaining issues around standards of care or professional conduct. Consideration will need to be given that the child or adult about whom these allegations were raised may still be at risk and/or in need of services or may have been abused by someone else.

Where an allegation is demonstrably false and made by a patient, a decision will need to be made by staff working with the patient as to how this will be recorded in their records in order to prevent opportunities for future false allegations to be made.

In order to protect the staff member involved in unsubstantiated and false allegations, a clear, comprehensive summary of the case should be kept on the employee's personnel file. The record must include details of how the allegation was investigated, the decisions reached, and the action taken.

#### **5.15 Confidentiality**

Allegations of this nature are extremely sensitive, and confidentiality must be maintained at all times, with the information being shared on a strictly need to know basis, in order to protect all parties.

### **6 TRAINING/SUPPORT**

The staff's responsibility to report allegations in accordance with this policy will be included in the Safeguarding Induction training delivered to all new staff. Copies of this Policy will be made available to all staff via the Trust's Safeguarding Hub and staff are therefore responsible for ensuring their understanding of the Policy and related procedures.

The Safeguarding Team and Human Resources Department provide a Mon-Fri 9-5 service where staff can access support and guidance. Outside of normal office hours staff can access the Emergency Duty Team for Adult and Children’s Services, details available on the Safeguarding Hub page.

Awareness of the policy will be raised with department and service leads who will be responsible for cascading to their staff via internal staff communication meetings.

## 7 PROCESS FOR MONITORING COMPLIANCE

### Monitoring of Compliance Chart

	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
The effectiveness of the Policy	Chief Nurse	Section 11 audit tool	Annual	Internal Safeguarding Board	Head of Safeguarding	Safeguarding Team
		Safeguarding Annual Report	Annual			
		HR Review of case logs	Annual		Head of People	HR Team

## 8 EQUALITY

The Dudley Group NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

## 9 REFERENCES

[Adult Safeguarding: Multi-agency policies and procedures for the protection of adults with support and care needs in the West Midlands](#) Version 2.0.  
[Accessed 8th August 2023]

Care Act 2014  
[http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)  
[Accessed 4<sup>th</sup> August 2023]

Children Act 2004  
[http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga\\_20040031\\_en.pdf](http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf)  
[Accessed 4<sup>th</sup> August 2023]

HM Government 2018 Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)  
[Accessed 14<sup>th</sup> June 2023]

[Implementing a just and learning culture | NHS Employers](#)  
[Accessed 20<sup>th</sup> August 2023]

Department of Health and Social Care (2015) [NHS and Department of Health investigations into Jimmy Savile](#)  
[Accessed 8th August 2023]

NHS England (2022) [Safeguarding children young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#) Version 3.  
[Accessed 8th August 2023]

[Records Management Code of Practice - NHS Transformation Directorate \(england.nhs.uk\)](#)  
[Accessed 30<sup>th</sup> August 2023]

West Midlands Adult Position of Trust Framework (2018) A framework and process of responding to allegations and concerns against people working with adults with care and support needs. Version 2.0  
[WM-Adult-PoT-Framework-v-2-Dec-2018-1.pdf \(safeguardingworcestershire.org.uk\)](#)  
[Accessed on 12<sup>th</sup> July 2023]

## Appendix 1 Escalation flowchart for managing allegation of abuse

