

Allegations against staff policy

1. Quick reference guide

- 1.1 Salisbury NHS Trust (SFT) aims to provide high quality care to all its patients and a safe environment for all its patients, staff and visitors.
- 1.2 This policy sets out the arrangements that exist within SFT when allegations are made against any of its staff in relation to the abuse of children and adults, whether relating to activities in or outside of their work responsibilities. When allegations of this nature are made, this policy and procedure must be followed.

2. Introduction

- 2.1 The allegations against staff policy and procedure must be followed if it is alleged that a member of staff has:
 - Behaved in a way that has harmed, or may have harmed, a child or adult;
 - Possibly committed a criminal offence against, or related to, a child or adult;
 - Behaved towards a child or adult in a way that indicates s/he is unsuitable to work with children or adults at risk of abuse or neglect; and/or
 - Believed to have engaged in an activity which may indicate that s/he is unsuitable to work with children or adults or could not hold the trust of the public in so doing e.g. accessing or taking inappropriate images/information of patients, visitors or employees on mobile devices, computers or smartphone and or sharing or posting them via the internet and Social Media.
 - When the member of staff is being investigated by the Police for any matter not related to their employment (eg drink driving, assault, fraud, theft).

This includes:

- If there are concerns about the person's behaviour towards their own child/ren or child/ren unrelated to their employment or voluntary work and there has been a recommendation arising from a child protection investigation that consideration shall be given to the risk posed to children and adults that they work with.
 - When an allegation is made about abuse that took place some time ago and the accused person may still be working with or have contact with children and adults at risk.
 - It is important to remember that allegations do not solely relate to sexual matters but may also relate to physical, emotional, psychological or neglectful behaviour/actions. Allegations/ investigations may be related to matters not related to the individuals employment, but may impact on the reputation of the Trust.
- 2.2 All allegations will be investigated and reported in line with the Trust's Incident Reporting Procedure using Datix and relevant OD&P Policy. During these investigations it is the welfare of the child or adult at risk of abuse or neglect that is of paramount importance. Accordingly, employees should be aware that there will be occasions when it will feel that the 'balance' is towards the person at risk of abuse or neglect rather than the member of staff or volunteer about whom the allegations are being made.

Version details

Version No.	Updated by	Updated on	Description of changes
1.0	Director of Nursing (Safeguarding Executive) and Director of HR	15 th August 2017	New Policy
2.0	Director of Nursing (Safeguarding Executive) and Director of HR	12 th June 2018	New Policy Next revision date Aug 18 or change in statutory guidance
2.1	Director of Nursing (Safeguarding Executive) and Director of HR	18 th June 2018	No changes have been made - requested extension
3.0	ISOG and Deputy Chief Nurse	21 st September 2021	Inclusion of social media references and breaches to IG. Updated references to new Exclusion Policy And Worforce Investigation Procedure. Policy transferred to current policy template

3. Purpose

- 3.1 The purpose of this policy is to provide a clear framework and guidance for managing allegations against staff when allegations are made against any of its staff, volunteers or contractors members in relation to the abuse of children and adults, or other criminal activities – whether relating to in or outside of their work responsibilities

4. Scope

- 4.1 This policy applies to all staff who are directly employed by the Trust including those on unpaid honorary contracts; bank staff; agency staff; self employed contractors; volunteers, any member of staff employed by another Trust who is on secondment to Salisbury NHS Trust under an honorary contract or other agreement.

5. Duties and responsibilities

- 5.1 The **Chief Executive Officer** has ultimate accountability for the strategic and operational management of the organisation, including ensuring adherence to all policies.
- 5.2 The **Integrated Safeguarding Committee (ISC)** is responsible for approving this policy and ensuring that it represents best practice.
- 5.3 The **Data Protection Officer** is responsible for providing advice and guidance regarding matters of confidentiality and data protection.
- 5.4 **Trust Board Level Oversight - Mechanisms** has been put in place to ensure investigation and disciplinary procedures are collated, recorded, and regularly reported to the Board in an open and transparent manner. Reports will contain the numbers of investigations, reasons for the investigation, there has been adherence to the internal and external investigation

procedure, justification for any suspensions/exclusions, decision-making process relating to outcomes, impact on patient care and employees, and lessons learnt.

5.5 Directors and Line Managers are responsible for ensuring the requirements of this policy are adhered to.

5.6 All staff within SFT are responsible for adhering to this policy at all times and, particularly, for reporting suspected or actual cases of abuse in line with their responsibility to observe a duty of care to vulnerable groups. Staff members must also notify their manager in the event they are subject to enquiries or otherwise aware of any issues which may be of concern, for example when they are associated with another person who is the subject of an enquiry.

6. Definitions

6.1 Child

For the purposes of this policy, a child is defined as anyone beneath the age of 18 years

6.2 Adult at risk of abuse of neglect

For the purposes of this policy, the term adult at risk of abuse or neglect is used to define someone of 18 years or over who has needs for care and support, is experiencing, or is at risk of, abuse or neglect, and as a result of these needs is unable to protect him/herself against abuse, neglect, exploitation or the risk of it

6.2.1 Adult at risk of abuse or neglect also includes frail older people admitted to hospital or receiving care from friends, neighbour or family members.

6.3 Member of staff

For the purposes of this policy, the term member of staff includes: staff who are directly employed by the Trust including those on unpaid, honorary contracts; bank staff working for the Trust; agency staff working for the Trust; self employed contractors working for the Trust; volunteers, any member of staff employed by another Trust who is on secondment to Salisbury NHS Trust under an honorary contract or other agreement.

6.4 Abuse

Abuse may be defined as a single or repeated action or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress.

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

6.4.2 Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it.

6.5.3 Please refer to [Appendix A - Definitions of Abuse](#) for a full list of definitions and examples of the types of abuse.

6.5 Terms

Term	Meaning / Application
SHALL/MUST	This term is used to state a mandatory requirement of this Policy
SHOULD	This term is used to state a recommended requirement of this Policy

MAY	This term is used to state an operational requirement of this Policy
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7. Process

7.1 Allegations Procedure

- 7.1.1 Any allegation against a staff member received by SFT may initially warrant a response in line with the organisation's complaints policy.
- 7.1.2 When a member of staff receives an allegation of abuse involving a colleague or has concerns about potential abuse by a colleague, then that member of staff has a duty to inform their immediate line manager or senior manager if the former is unavailable. In circumstances where direct contact with the staff member's line manager would seem to be inappropriate then the senior manager can be informed directly. Out of office hours the member of staff receiving the allegation/has concerns must inform the on-call duty manager via the site coordinator. The on-call manager will need to decide whether immediate action is required or whether it can be handed over to the relevant line manager the next working day.
- 7.1.3 Where a complaint relates in any way to an allegation against or involving a member of staff, the complaints procedure will not be pursued where an inter-agency investigation and/or HR investigation is instigated. In these circumstances it should be explained to the complainant that the matter is being taken seriously and formally investigated. In instances where neither an inter-agency investigation or HR investigation applies, then the trust's complaints procedure should be followed.
- 7.1.4 Once notified of the allegation, the senior manager should make immediate contact with the Named Nurse Safeguarding Children or Safeguarding Adults Lead Nurse who must be informed about the allegation. A 'huddle' including the relevant Executive Director or their Deputy, Divisional representatives (Senior Manager, Line Manager), OD&P representative and Safeguarding representative should then be undertaken (see 7.2). The Huddle will determine next actions, which could include Police referral, Safeguarding referrals and Designated Officer for Allegations referral (DOFA) if. If the abuse/ allegation relates to the inappropriate taking, or release of photographic images, video footage or use of IT equipment, the Trust Data Protection Officer must be informed.
- 7.1.5 Where a referral has been made to Police or MASH Safeguarding, absolute confidentiality must be maintained to ensure that information is not inadvertently passed to the member of staff concerned which could compromise the welfare of the child or adult at risk. The staff member should be informed of the referral only following agreement with Police or MASH Safeguarding. .
- 7.1.6 Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20, the trust is required to ensure it acts in an open and transparent way with relevant persons in relation to care and treatment provided to patients. Furthermore, the UK Data Protection Regulations require the Trust to inform the patient or relative about the inappropriate collection, use or disclosure of personal data. Consideration should be given as to how and when the child or their parent/carer or adult and their carer(s) should be informed of the allegation.
- 7.1.7 Any press/media enquiries must be referred to the Head of Communications in the first instance (and through the Duty Executive out of hours).

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

7.2 **Formation of Huddle**

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

7.2.2 The Huddle will be called routinely by the Safeguarding Team, but in their absence, any other professional or line manager following this policy can make the relevant request for huddle formation.

7.2.3 The huddle should include relevant line manager, DMT representation, relevant safeguarding lead, Divisional People Partner, Deputy Director of People, Deputy Chief Nurse +/- Deputy Medical Director.

7.2.4 The huddle should be documented, and follow a SBAR approach (Situation Background, Assessment Recommendations), identifying action leads, next steps and any date/time for reconvening.

7.3 **Applying a rigorous decision-making methodology**

7.3.1 Consistent with the application of 'just culture' principles, which recognise that it is not always appropriate or necessary to invoke formal management action in response to a concern or incident, a comprehensive and consistent decision-making methodology should be applied that provides for full and careful consideration of context and prevailing factors when determining next steps.

7.3.2 In all decision-making that relates to the application of sanctions, the principle of plurality should be adopted, such that important decisions which have potentially serious consequences are very well informed, reviewed from multiple perspectives, and never taken by one person alone.

7.4 **Suspension or exclusion from duty**

7.4.1 The possible risk of harm to children and adults of abuse and neglect posed by an accused person needs to be effectively evaluated and managed and should include considerations regarding those involved in the allegations, and any other vulnerable people in the individual's home, work or community life. Consequently, where an allegation involves a staff member, managers should seek advice from their Divisional People Partner in determining whether suspension is appropriate action (see Exclusion Policy for specific guidance, support and actions).

7.4.2 Suspension from duty should be considered in any case where there is cause to suspect a child or adult is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. SFT must consider carefully whether the circumstances of a case warrant a staff member being suspended from contact with patient groups whilst investigations continue. This decision should be informed by a risk assessment (refer to Exclusion Policy) which leads to a conclusion as to whether the staff

member is considered safe to continue working in their present capacity, a different capacity or whether they should temporarily refrain from working with patients or other staff. The decision to suspend is vested in the employer alone; neither the Local Authority nor the police can require an employer to suspend a member of staff or a volunteer. However, any such decision, the employer will take into account the following: whether a Safeguarding strategy meeting/ DOFA strategy meeting or other initial evaluation discussion concludes that there should be enquiries by Adult or Childrens MASH and/or an investigation by the Police; the views of the Police/Social Care on the need to suspend the individual should be acknowledged

- 7.4.3 Where a decision to suspend is taken, the provisions of the relevant suspension/exclusion policy must be adhered to; this will include what arrangements the line manager will adopt in order to stay in regular contact with the suspended individual. At this stage, it remains an allegation only and the facts are yet to be established. In view of the fact that an investigation will follow, a broad rationale for suspension from duty will be given. Ultimately, it should be borne in mind that suspension is a neutral act to facilitate the investigation. Managers need to take into consideration that the employee may not be aware of any Police of Social Care investigation.
- 7.4.4 Where a decision to suspend is taken, the suspension procedure within the Trust's Exclusion Policy should be followed. Any decision to suspend/exclude an individual should not be taken by one person alone, or by anyone who has an identified or perceived conflict of interest. Except where immediate safety or security issues prevail, any decision to suspend/exclude should be a measure of last resort that is proportionate, timebound and only applied when there is full justification for doing so. The continued suspension/exclusion of any individual should be subject to appropriate senior-level oversight and sanction.
- 7.4.5 In addition the line manager in conjunction with Senior Manager and Divisional People Partner or Huddle should consider whether early referral to relevant professional bodies is required as restrictions to practice may need to be implemented – the requirements will vary with the differing professional bodies.
- 7.4.6 It may be necessary to temporarily amend the working practices of the member of staff in order to preserve evidence, conduct the investigation, and protect both the member of staff and/or the individual raising the allegation.

7.5 Assigning sufficient resources

- 7.5.1 Before commencing investigation and disciplinary procedures, appointed case managers, case investigators and other individuals charged with specific responsibilities should be provided with the resources that will fully support the timely and thorough completion of these procedures. Within the overall context of 'resourcing', the extent to which individuals charged with such responsibilities (especially members of disciplinary panels) are truly independent should also be considered.

7.6 Types of Investigation

- 7.6.1 When there is concern that a member of staff has harmed a child or an adult, either within the course of their work, or within their personal life, there are various potential strands of investigation which need to be coordinated, as follows:

7.6.2 Inter-Agency Enquiries led by Social Care Safeguarding

Where the decision will be made on the action necessary to ensure the continuing protection of the child or adult at risk, Social Care has a statutory duty to make enquiries.

7.6.3 The Designated Officer for Allegations – DOFA (formerly Local Authority Designated Officer – LADO)

The Designated Officer based in the Local Authority Childrens Multi-agency Safeguarding Hub (MASH) Team has a statutory role in overseeing and managing allegations made against adults who work with children and young people. The Designated Officer will provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies, convening strategy discussions and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. The Designated Officer will consider all allegations and will advise on the next course of action. In many cases it will appropriate for a strategy discussion to be held. The Designated Officer will co-ordinate and chair this.

7.6.4 If deemed appropriate, Social Care Safeguarding will call a strategy discussion to consider the allegations (if a child or Adult at Risk) and a senior manager from this agency will generally chair the meeting. An appropriate member of staff from SFT will attend (determined by the individual circumstances of the case); Safeguarding Team member and the police (whether or not they are already involved) will attend the strategy discussion.

The strategy discussion will:

- Which agency leads on the Safeguarding investigation (could be health)
- determine the composition of the Safeguarding investigating team;
- finalise the process of investigation;
- agree the process for informing the child's parent/carer or adult at risk who is the subject of the enquiry and/or their carer(s) if not already done and appropriate to do so; and
- consider any potential risk to any other children or adults at risk.

7.7 Ensuring people are fully trained and competent to carry out their role

7.7.1 Individuals should not be appointed as case managers, case investigators or panel members unless they have received related up to date training and through such training, are able to demonstrate the aptitude and competencies (in areas such as awareness of relevant aspects of best practice, principles of natural justice, and the equality and diversity considerations) required to undertake these roles.

7.8 Police Investigation

7.8.1 A police investigation will aim to determine whether a crime has been committed. They are also a Statutory member of a Safeguarding investigation, whether or not Police are leading on the investigation. In order to prosecute there must be sufficient evidence to support a case that an offence has been committed - the burden of proof in such circumstances is 'beyond reasonable doubt'. If there is insufficient evidence, it does not automatically mean that the offence has not been committed, nor does it mean that the member of staff should not face disciplinary proceedings. Each case should be considered individually and a decision made dependent on the circumstances.

7.8.2 All staff are obliged to declare during their employment with the Trust any criminal convictions and/or pending criminal convictions, including cautions, police investigations, arrests and bail terms that arise following their appointment.

7.8.3 If a line managers becomes aware that a member of staff has failed to declare any criminal convictions and/or pending criminal convictions, including cautions, police investigations, arrests and bail terms that arise following your appointment, then a huddle needs to be arranged to determine the course of action

7.9 Internal Investigation and Disciplinary Procedures

- 7.9.1 Please refer to Workforce Investigation Procedure for full advice, guidance, support and templates.
- 7.9.2 Internal investigation and disciplinary procedures apply where the conduct or performance of a staff member is suspected to have been unsatisfactory. The procedure aims to deal quickly, fairly, consistently and constructively with any potential breaches. The provisions of these procedures will be strictly followed at all times, including allowing appropriate representation for staff concerned. Any relevant information will be communicated to the appropriate people.
- 7.9.3 Before commencing investigation and disciplinary procedures, appointed case managers, case investigators and other individuals charged with specific responsibilities should be provided with the resources that will fully support the timely and thorough completion of these procedures. Within the overall context of 'resourcing', the extent to which individuals charged with such responsibilities (especially members of disciplinary panels) are truly independent should also be considered.
- 7.9.4 Concern for the health and welfare of people involved in investigation and disciplinary procedures shall be paramount and continually assessed. Appropriate professional occupational health assessments and intervention shall be made available to any person who either requests or is identified as requiring such support.
- 7.9.5 A communication plan should be established with people who are suspended from duties or the subject of an investigation or disciplinary procedure, with the plan forming part of the associated terms of reference. The underlying principle should be that all communication, in whatever form it takes is timely, comprehensive, unambiguous, sensitive; and compassionate. Please refer to Trust Exclusion Policy for full advice, guidance and support.
- 7.9.6 Where the police are conducting an investigation it will be appropriate to maintain ongoing contact with them and where appropriate share information and to ensure that information is not passed to the member of staff concerned that would prejudice possible criminal proceedings. If the Police request that the Trust release information, this must be carried out by the Legal Services or Data Protection Officer in compliance with: <http://ig/media/1524/sop-athcinfo-002-v13.pdf>. It is the responsibility of these departments to ensure requests for information comply with statutory and regulatory standards.
- 7.9.7 Whilst it is understandable to want to help the police to prevent crime or catch a suspect, the Trust has the discretion to determine whether to release personal information under this exemption. Even if it is decided that the exemption applies, the Trust still do not have to release the personal information.
- 7.9.8 It is not necessary to await the outcome of any external enquiry before undertaking internal procedures, although it is important to gain consent from the police in order to ensure that evidence for the purposes of any criminal investigation is not contaminated (see Memorandum of Understanding between SFT and Police). It is likely that these procedures will run concurrently. Regular contact should be maintained, as appropriate, between the lead managers for the investigation and the Safeguarding Team and Divisional People Business Partner.
- 7.9.9 The internal investigation will determine whether a formal disciplinary hearing should be convened, or whether the allegations are unsubstantiated, hence a hearing is inappropriate. However, if the investigation reveals other matters which amount to misconduct in their own right, then the seriousness of these will determine whether the disciplinary process continues or whether it is referred back to line managers for advice and counselling.

7.10 Medical Staff

7.10.1 Any member of medical staff facing potential disciplinary action would be managed in line with the Maintaining High Professionals Standard Policy and requires referral and advice from the NCAS (National Clinical Assessment Service).

7.11 Unfounded allegations

7.11.1 Normally where the allegation is deemed to be unfounded the staff member would return to their work place. However, each situation should be considered on an individual basis. (N.B. Consideration should be given to behaviour in their personal life and the likely risk within their work role.) Members of staff will be given appropriate support to re-establish relationships on their return to work, during what is likely to be a difficult period.

7.11.2 Both the Disciplinary Policy and Raising Concerns Policy should be referred to when undertaking any internal investigation.

7.12 Confidentiality

7.12.1 All staff members are required to keep confidential any information regarding patients and staff, only informing those that have a need to know. Confidential information must not be disclosed to unauthorised parties without the person's consent and/or prior authorisation by a senior manager. Any breaches of these requirements will potentially be regarded as serious misconduct and as such may result in disciplinary action.

7.12.2 All staff have a confidentiality clause in their contract of employment. SFT has an approved Data Protection and Confidentiality clause in all contracts with 3rd party contractors and suppliers that process personal information.

7.12.3 Confidentiality however can be overturned if the public interest in preserving confidences may be outweighed by a greater public interest in the information being disclosed. A professional who reasonably believes that other people will be put at risk of danger if confidential information is not disclosed is entitled to take steps which are reasonable in all circumstances to communicate their concerns to the responsible authorities. These principles shall be applied in the context of raising concerns/making allegations of suspected abuse of vulnerable people. In such cases, including disclosure to Police, the Information Governance Team shall be consulted, prior to any disclosure of information.

7.12.4 However, strict confidentiality should be maintained throughout and particularly to guard against publicity while an allegation is being investigated/considered. In accordance with guidance from the National Police Chiefs Council, the police will not normally provide any information to the media that might identify an individual who is under investigation, unless and until the person is charged with a criminal offence.

7.12.5 In exceptional cases where the police might depart from that rule, e.g. an appeal to trace a suspect, the reasons should be documented and partner agencies consulted beforehand. The system of self-regulation, overseen by the Press Complaints Commission, also provides safeguards against the publication of inaccurate or misleading information.

7.12.6 Whilst a datix is required to be completed to capture the allegation and resulting escalation to huddle, details recorded should **NOT** disclose the identity of the staff member.

7.13 Resignation

7.13.1 If a staff member tenders their resignation, or ceases to provide their services, this must not prevent an allegation being followed up in accordance with these procedures. It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children including any in which the person concerned refuses to cooperate with the process.

7.13.2 Wherever possible the staff member should be given a full opportunity to answer the allegation and make representations about it, but the process of recording the allegation and

any supporting evidence, and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available should continue even if that cannot be done or the staff member does not co-operate. It may be difficult to reach a conclusion in those circumstances, and it may not be possible to apply any disciplinary sanctions if a staff member's period of notice expires before the process is complete, but it is important to reach and record a conclusion wherever possible.

7.14 Referral to the Disclosure and Barring Service (DBS) and Professional Bodies

7.14.1 Consideration should be given at the initial discussions/ Huddle to the employer's statutory duty to make a referral to the DBS and also the registering body of the professional concerned where circumstances require it, prior to the outcome of any investigation. All such referrals would be coordinated by the relevant Service Manager and support should be provided by the Divisional People Business Partner. If not happened during the investigation, referral to DBS & Professional Bodies may be required once the investigation has completed.

<https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

7.15 Sickness and Other Absence

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

7.16 Record Keeping

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

7.16.2 All documentation collected as part of the investigation must be itemised and classified in accordance with the NHS Classification Standard. NHS Confidential.

7.16.3 Personal files should be retained for the length of employment and then once a staff member leaves returned to OD & People, whereby the record will be retained for 6 years, at which time a summary of the file must be kept until the individual's 70th Birthday, in accordance with Department of Health's Records Management Code of Practice, retention schedule, adopted by the organisation.

7.16.4 The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. And it will prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

7.17 Training

7.17.1 Before commencing investigation and disciplinary procedures, appointed case managers, case investigators and other individuals charged with specific responsibilities should be provided with the resources that will fully support the timely and thorough completion of these procedures. Within the overall context of 'resourcing', the extent to which individuals charged with such responsibilities (especially members of disciplinary panels) are truly independent should also be considered.

7.17.3 Reference to this particular policy will be made in the context of safeguarding training which is mandatory for all staff both upon induction and at periodic intervals throughout employment. Line managers will be required to ensure their respective staff are made aware of this policy when this is cascaded through usual dissemination routes.

7.18 Internal escalation procedure

7.18.1 Please refer to Appendix 2 to guide in hours and out of hours actions upon receipt of information or allegation.

7.18.2 The formed safeguarding huddle will inform and guide extent of communication and escalation within the organisation and with any relevant external partners/agencies.

7.18.3 Any decision to exclude a member of staff, should be escalated to relevant Executive Lead (eg CNO/CMO).

7.18.4 Depending on the scenario and detail and level of escalation, the communication team may need to be briefed in preparation of any media attention. This will be determined by the executive team.

8. Monitoring compliance with and the effectiveness of this policy

8.1 The success of this policy will be monitored by reference to statistics which identify awareness on the part of staff members in relation to the measures to be taken in cases of suspected abuse. Its effectiveness will be measured by reference to documentation arising from internal cases which identify compliance with the requirements of this policy

9. References

- Working Together to Safeguard Children; HM Government (2015)
- Guidance for Safer Working Practice for Adults Who Work With Children and Young People; Safer Recruitment Consortium (2015)
- Care Act (2014)
- Wiltshire Safeguarding Children Board Allegations Management Policy (2015)
Online accessed April 2016 –

https://www.wiltshiresvpp.org.uk/assets/02523611/allegations_management_policy.pdf

- Maintaining High Professional Standards; Department of Health (2005)
- [Disciplinary Policy](#)
- <http://intranet/departments/safeguarding-hub/>

10. Equality Impact Assessment for Policies

Salisbury NHS Foundation Trust aims to design and implement services and policies that meet the diverse needs of its services, population and workforce, ensuring that none are placed at a disadvantage over others

*This document has been assessed against the Trust's Equality Impact Assessment Tool.
This document has been assessed as not relevant to the duty.*

Or

*This document has been assessed against the Trust's Equality Impact Assessment Tool
which was presented to the ratifying committee.*

11. Appendices

Appendix	Description	Link
A	Definition of Abuse	https://mg.salisbury.nhs.uk/media/3591/appendix-a-definitions-of-abuse.docx
B	Flow Chart management of Allegation	https://mg.salisbury.nhs.uk/media/3592/appendix-b-management-of-allegation.docx

1. Definition of Abuse

Post Holder /Author Responsible for Policy:	Henry Wilding
Date Written:	17 th September 2021
Approved By:	
Ratified by:	
Next Due for Review:	2 years