

## Safeguarding - Managing Allegations against People in a Position of Trust Policy (PiPoT)

<b>Department / Service:</b>	Human Resources	
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<b>Approved by:</b>	Name: JNCC	
<b>Date of first approval:</b>	17 <sup>th</sup> November 2016	
<b>Date of review:</b>	19 <sup>th</sup> March 2020	
<b>Revision Due:</b>	19 <sup>th</sup> March 2023	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	All departments	
<b>Target staff categories</b>	All staff employed by Worcestershire Acute Hospitals NHS Trust, including all workers (contractors and volunteers)	

### Policy Overview:

This policy provides a framework for managing cases where allegations are made about those staff and workers that might indicate that a child, young person or adult is at risk of abuse or neglect. This policy ensures all staff and workers are dealt with fairly and consistently in a way that provides effective protection for the adult/child and at the same time supports the employee who is the subject of the allegation.

### References:

Code:

Managing Safeguarding Allegations Against Staff Policy and Procedure (NHS England updated 2019) Chapter 2 Working Together to Safeguard Children and Young people (2015, revised 2018). Care Act (2014). Children Act (1989 / 2004) The Trusts Disciplinary Policy WAHT-HR-017 Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical and Dental staff WAHT-HR-540 Safeguarding Adults Pathway Raising a Concern Whistleblowing Policy and procedure. WAHT-HR-051 – Freedom to Speak Up Safeguarding Children’s Pathway General Data Protection Regulations (2018) Human Rights Act 1998 The Trusts code of Conduct for employees in respect of Confidentiality WAHT-IG-001 The Trusts Information Communication Technology Policy WAHT-TWI-007 The Trusts Information Governance policy WAHT-CG-579 The Trust Media Policy WAHT-HR-100	
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<p>Worcestershire Safeguarding Adults Board - Protocol for responding to concerns about a person in a position of trust working with adults (PiPoT) (2018)                  Regional Child Protection Procedures for West Midlands                  Multi –agency Policy &amp; Procedures for the Protection of Adults with care &amp; support needs in the West Midlands</p>	
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**Key Amendments**

<b>Date</b>	<b>Amendment</b>	<b>Approval</b>
15 <sup>th</sup> October 2019	Full review to include Worcestershire Safeguarding Adult Board (WSAB) Protocol for responding to concerns about a person in a position of trust working with adults (PiPoT) and Working Together to Safeguard Children revised April 2018	Safeguarding Committee
19 <sup>th</sup> March 2020	Approved with no further amendments.	JNCC

**CONTENTS**

	<b><u>Page</u></b>
1. Introduction	4
2. Definitions	4 - 5
3. Purpose & Scope	5 - 6
4. Confidentiality	
5. Roles and Responsibilities	
6. Process	
7. Support	
8. Managing the Risk	
9. Action on conclusion of a case	
10. False or unfounded allegations	
11. Record keeping	
12. Implementation of key document	
13. Monitoring and compliance	
14. Training and awareness	
15. Financial risk assessment	
16. Consultation/Approval process	
17. Dissemination process	
18. Development of the Policy	
19. Appendices	
1. Equality impact assessment tool	
2. Financial Risk Assessment	
3. Checklist for the Review and Approval of Key Document	
4. Process flow chart	

## 1. Introduction

Every NHS organisation and each individual Professional working in the NHS has a responsibility to ensure that the principles and duties of safeguarding children and adults are consistently applied, with the wellbeing of those children and adults at the heart of the services we provide.

Worcestershire Acute Hospitals NHS Trust (WAHT) has a statutory duty under the Children Act (1989/2004) and the Care Act (2014) to ensure they make arrangements to safeguard and promote the welfare of children and young people, and to protect adults with care and support needs who are at risk of experiencing abuse and / or neglect.

This Policy applies to all staff, volunteers and workers who work directly or indirectly with children, young people or adults at risk.

The purpose of this Policy is to provide a framework to ensure appropriate actions are taken to manage safeguarding allegations against WAHT staff or Persons in a Position of Trust (PiPoT); regardless of whether they are made in connection with duties undertaken on behalf of WAHT, or if they fall outside of this e.g. private life or any other capacity. Concern may also be raised if the staff member or worker is behaving in a way which demonstrates unsuitability for working with children, young people or adults at risk in their present position or in any other capacity.

The purpose of this Policy is to ensure a consistent and effective response to any circumstances giving grounds for concern, formal complaints, or expressions of anxiety in relation to actual or suspected abuse of an adult or child by a member of staff or volunteer.

For allegations that relate to staff working with children (hereinafter referred to as the child) this procedure has been written in line with the requirements of agencies as per the West Midlands Regional Multi Agency Procedures (Section 1.14).

For allegations that relate to staff working with adults with care and support needs (hereinafter referred to as the adult) as defined in the Care Act (2014), this procedure has been written in line with the requirements of agencies as per the West Midlands Multi Agency Procedures adopted by the Worcestershire Safeguarding Adult Board (WSAB).

The Policy documents ‘Working Together to Safeguard Children and Young People’ Gov.uk (2015, revised 2018) and the ‘Care and Support Statutory Guidance’ Gov.uk (2016) set out expectations that all statutory organisations will have a procedure for managing allegations against staff.

## 2. Definitions

A “child” is anyone who has not yet reached their 18<sup>th</sup> birthday (Children Act 1989 and 2004)

An “adult” with care and support needs as defined by the Care Act 2014 is defined by the Care Act as:

- A person over the age of 18 years who has needs for care and support (see below). This could be an adult in receipt of a care or support service, or an adult who has such needs but is not yet in receipt of a service.
- Care and support

The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent –including older people, people with a disability or

long term illness, mental health problems and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include home care, care home, personal assistants, day services, or the provision of aids and adaptations.

### 3. Purpose & Scope

WAHT is committed to the prevention of abuse of children and adults and ensuring robust procedures are in place for dealing with identified incidents of suspected or actual abuse.

This Policy should be read alongside WAHT Safeguarding Children and Safeguarding Adults Policies.

All allegations made against a member of staff or worker must be taken seriously. Allegations against staff or workers, who work with children, young people or adults at risk, can denote a vast range of circumstances. Examples include, but are not restricted to:

- Commitment of a criminal offence against or related to an adult, young person or child.
- Behaved in a way that has harmed or has the potential to harm a child or adult, or may have harmed a child or adult
- Behaviour towards children, young people or adults at risk, in a manner that indicates they are unsuitable to work with children, young people or adults.
- Where an allegation or concern arises about a member of staff, from their private life such as perpetration of domestic violence or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse.
- Where an allegation of abuse is referred by the Local Area Designated Officer (LADO) against someone closely associated with a member of staff or worker such as a spouse or partner, member of the family or someone who resides at the same address. This may include allegations that it is no longer appropriate for the staff or worker to continue to work with children, young people or adults at risk in their current position. The allegations may relate to the staff or workers behaviour at work, at home or in another home setting. Full consideration and assessment of the potential and / or actual associated risks will be conducted to in order to establish this.

All WAHT staff and workers have a personal responsibility to report suspicions or allegations pertaining to a member of staff, or worker, whether working directly or indirectly with them. All parties involved should maintain an open and enquiring mind.

The types and patterns and different circumstances of significant harm and abuse should be considered within the categories identified for children in the Children Act 1989 / 2004 and for Adults at risk within the Care Act 2014.

#### Children:

- Neglect
- Sexual
- Physical
- Emotional

#### Adults:

- Discriminatory
- Psychological

- Financial or material
- Organisational
- Neglect and acts of omission
- Physical
- Sexual
- Domestic
- Modern slavery
- Self-neglect

(Please note: The above categories for Safeguarding Adults and Safeguarding Children are discussed in more detail within Safeguarding Adults and Safeguarding Children mandatory training which all Trust staff are required to achieve compliance at Level 1 as a minimum).

There are a number of sources from which a complaint or allegation might arise, including those from:

- A Child
- An Adult
- A Parent/carer
- A Member of the public (including a friend or relative)
- A Colleague
- A Patient
- Local Authority Designated Officer (LADO) refer to section 4.1
- Agencies (e.g. Police, Social Care or Adult Social Care)

There may be up to three components in the consideration of an allegation:

- A police investigation of a possible criminal offence.
- Enquiries and assessment by children's social care or adult social care relating to whether a child, young person or adult at risk is in need of protection or services.
- Consideration by an employer of disciplinary action or other due process in respect of the individual (including suspension)

The safety of the child, young person or an adult at risk is of paramount importance. Immediate action as highlighted above may be required to safeguard investigations and any other children, young people or adults at risk. Any concern of harm or abuse must immediately be reported.

Reputational issues affecting the Trust (or other parties) must be managed appropriately by discussion with the relevant communications team whilst maintaining confidentiality.

Support for employees will be available as detailed in paragraph 7.

With respect to protection concerns outside of work, it is the responsibility of the member of staff to inform their line manager if they are being investigated in relation to concerns relating to children, young people or adults at risk. Likewise, the employee has a duty to inform their manager if any person they are living with becomes subject to child protection or adult protection matters. The line manager must report this to the Head of Safeguarding as an immediate action.

#### 4. Confidentiality

Every effort should be made to maintain confidentiality and guard against publicity whilst an allegation is being investigated or considered, apart from keeping the child, young person or adult at risk informed (where this is appropriate and feasible) and / or corresponding with related parties and the staff member whom the allegation has been made against.

Information should be restricted to those who have a need to know (as defined by the Position of Trust meeting (POT) in order to protect children, young people and adults at risk, facilitate enquiries, and/or manage related disciplinary processes.

All those involved should take care not to divulge information, especially where it could be used by the press or media (Please refer to the Trusts Media Policy).

All parties must adhere to strict confidentiality in relation to the allegation process and Position of Trust Meeting (POT) and information only shared on a strictly need to know basis which may include liaison with police and children's/adult social care.

#### 5. Roles and Responsibilities

##### 5.1 Local Area Designated Officer (LADO)

LADO procedures should be applied when there is an allegation that any person who works with children, in connection with their employment or voluntary activity, has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

Every local authority should have a LADO to be involved in the management and oversight of individual cases. In Worcestershire the LADO is located within Children's Social Care. The LADO should provide advice and guidance to employers and voluntary organisations liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt within agreed timescales, consistent with a thorough and fair process. The LADO will advise if the threshold is met for management of allegation process and facilitating the resulting Position of Trust (POT) meeting.

The LADO should be informed within **one working day** of all allegations that come to an employer's attention or that are made directly to the police. The Head of Safeguarding will liaise with the LADO accordingly, in relation to all allegations pertaining to WAHT staff and workers.

The Police must be consulted about any case in which a crime may have been committed.

##### 5.2 Chief Nursing Officer (CNO)

The Trusts CNO has overall responsibility and accountability for the Trust in respect to allegations made against staff and Position of Trust Meetings (POT). The CNO must be informed immediately by the Head of Safeguarding when an allegation is raised. The CNO ensures:

- Compliance with this policy and corresponding legislation and guidance.

- The Trust has effective systems to review cases and identify changes which would improve procedures and practice.
- The Trust has effective reporting and recording arrangements.

### 5.3 **Head of Safeguarding**

The Head of Safeguarding will provide safeguarding expertise and guidance throughout the allegation process, ensuring that the procedure is properly implemented. All allegations and concerns must be immediately reported to The Head of Safeguarding who will then liaise and refer cases to the LADO and CNO. Other responsibilities include:

- Partake in POT Meetings as deemed necessary by the LADO.
- Liaise with the LADO in respect to allegations.
- Liaises with Senior HR Representative and Line Manager in respect to the staff or worker concerned, including suspension, exclusion, disciplinary action, or other due process and risk assessments.
- Receives formal confirmation from the relevant Head of Professional service / Division that a referral to the employee’s regulatory body has been conducted.

### 5.4 **Designated Senior HR Representative**

A designated Senior HR representative will work in collaboration with the Head of Safeguarding and the staff member’s line manager to undertake the following responsibilities:

- Advise and support on all aspects of employment law pertaining to all parties of staff involved in the allegation and its corresponding investigation with particular pertinence to the staff member’s roles / responsibilities, restrictions to practice, exclusion, suspension and / or disciplinary action or other due process that may be required as per POT Meeting.
- Attendance at all POT Meetings in an advisor capacity.
- After the investigation is concluded and the allegations substantiated the LADO should discuss with the Senior HR representative if the case needs to be referred to the Disclosure and Barring Service for consideration of inclusion on the barred lists.

### 5.5 **Head of the Professional Service / Division.**

This includes but is not restricted to, Divisional Director of Nursing, Deputy Director of Nursing, Medical Director or Divisional Medical Director. The Head of the Professional Service/Division will undertake the following responsibilities:

- Oversight and assurance that Line Manager adheres to their roles and responsibilities as stipulated below.
- Notification and referral to appropriate professional / regulatory body

### 5.6 **Line Manager**

The employees line manager will work in collaboration with the Head of Safeguarding, the designated Senior HR representative and the staff member. The Line Manager undertakes the following responsibilities:

- The allegation is reported immediately to The Head of Safeguarding.
- Attendance at all POT Meetings as requested by the LADO.
- Adherence, consideration and implementation of the advice and expertise bestowed by the LADO and Head of Safeguarding.

- Timely liaison with the Senior HR Representative in all aspects of the staff members employment with particular pertinence to the staff member’s roles / responsibilities, restrictions to practice, suspension, exclusion and / or disciplinary action or other due process that may be required as per POT Meeting.
- Escalation to the relevant Head of Professional Service / Division to refer to employee’s professional body.
- Timely support (refer to Section 7) is given to the staff member involved and signpost to other supportive mechanisms, including Occupational Health, Trade Union, Regulatory Body and corresponding Trust Policies and Guidance.

**5.7 Employees**

Anyone employed by WAHT (in a paid or voluntary capacity) to work with children or adults has a responsibility to be aware of possible abuse and to take appropriate action whenever there is a concern that abuse may have taken place or may have the potential to, without preventative action.

Failure to report or to delay reporting an allegation or concern in line with this policy could result in formal disciplinary proceedings being undertaken.

Mandatory safeguarding training should be completed by the employee in accordance with Trust mandatory training requirements.

**6. Process (See flow chart Appendix 4)**

Referral routes:

**Children:**

Where the concern is in relation to **safeguarding children**, referral will be directed to the LADO.

**Transferable risk to children:**

If the concern is in relation to **an adult and the nature of the concern may be transferable to a child /children** then a **referral will be made to both the LADO and the Local Authority Adult Safeguarding team.**

**Adults:**

Where the concern is in relation to **safeguarding adults**, a **referral should be made into the Local Authority Adult Safeguarding team.**

6.1 All staff or workers must report any safeguarding allegation made against Staff or workers in relation to children, young people or adults at risk and must report the allegation immediately to their Line Manager.

If anyone is considered to be in immediate danger then the police should be contacted on 999.

The Line Manager to whom an allegation is first reported to **should:**

Make a written record of the information, where possible in the informants own words, including time, date and place of incident, persons present and what was said/done and sign and date the record.

The Line Manager should treat the matter seriously and keep an open mind. **They should not:**

- Instigate an investigation
- Investigate or ask leading questions
- Make assumptions or offer alternative explanations
- Give assurance that the information given will only be shared on a need to know basis.
- Promise confidentiality
- Witnesses should not be interviewed where there may be police involvement until the police have indicated that interviews can proceed
- Record the incident on Datix

6.2 The Line Manager reports the allegation immediately to the Head of Safeguarding. For contact details see **Appendix 4**. If out of hours the line manager should call the Matron or Senior Manager on call via the switchboard. The Matron or Senior Manager on call will then report it to the Head of Safeguarding at the earliest opportunity.

6.3 The Head of Safeguarding will report the allegation to the Chief Nursing Officer and report and liaise with the Local Area Designated Officer (LADO). The Head of Safeguarding will also report the allegation to a Senior HR representative.

6.4 A Position of Trust (POT) meeting should take place and this is led by the LADO. The meeting will involve the LADO, The Head of Safeguarding and a Senior Human Resources Representative and any other professionals who are involved in the case as deemed appropriate by the LADO.

The POT meeting should:

- Consider the allegation and whether any investigation under the Trusts Disciplinary Policy is required or The Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical & Dental staff .
- Discuss any previous allegations or concerns.
- Decide whether a Police investigation is necessary.
- Plan enquiries if needed, allocate tasks and set timescales.
- Consider what support should be made available to the member of staff and anyone who may be affected.
- Decide on what information can be shared and with whom.
- Identify a lead contact manager within each agency.
- The LADO to agree procedures for reviewing investigations and monitoring progress.
- Inform Senior Management of issues to consider (i.e. media interest or resourcing pressures).
- Consider if a referral to the DBS/other regulatory or professional bodies should be made and by whom.
- Where it is applicable consider the staff members own children/family members and any other adults at risk that they have contact with and whether a referral to Social Services is required.
- If the allegation will affect the staff or worker who work with children, young people or adults at risk, the POT meeting should consider the measures needed to be put in place to ensure protection of the child, young person or adults at risk and if the role of the staff or worker has been compromised. The LADO will advise WAHT on any actions required accordingly.
- Agree any future LADO meetings.

- 6.5 The Line Manager will inform the staff/worker who is subject to the allegation about how enquiries will be conducted as agreed at the POT meeting.
- 6.6 A review POT meeting / liaison with LADO should take place to ensure that all the above tasks have been completed and where appropriate agree an action plan for future practice based on lessons learned.
- 6.7 Where further investigation is required to inform consideration of disciplinary action or other due process the Head of Safeguarding, Line Manager and Senior HR representative should discuss who will undertake that with the LADO. In some settings and circumstances it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of the staff /workers area of work and line management and / or independent of WAHT. To ensure objectivity this would be conducted under the Trusts Disciplinary Policy or Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical and Dental staff
- 6.8 Where there is to be no police involvement or the police have indicated that WAHT internal process can continue, the internal investigation process may proceed.
- 6.9 If disciplinary action is deemed appropriate then action will be initiated under WAHT HR Policy /procedure
- 6.10 Failure to report or to delay reporting an allegation or concern in line with this policy could result in formal disciplinary proceedings being undertaken.

**Procedure for reporting /managing allegations: non-directly employed workers**

If a safeguarding allegation is made against a worker working within WAHT who is not directly employed by WAHT the allegation must also be shared with their employer or the body that engaged them at the earliest opportunity. The employer has a duty to assess the potential risk and actions required and inform the Local Authority in accordance with the West Midlands Safeguarding Policy & Procedures. The employer also has a duty to consider what support and advice they will make available to their staff or volunteers against whom allegations have been made.

All such allegations should also be reported and escalated to the Head of Safeguarding (or Chief Nurse /deputy) in accordance with the requirements of this Policy.

**Historical allegations**

Historical allegations should be dealt with in the same way as contemporary concerns. It is important to ascertain if the accused person is currently working with children or adults and to consider whether their current employer should be informed.

**7. Support**

- 7.1 The Line Manager/Senior HR Representative in conjunction with the Head of Safeguarding should decide how the person/child/adult at risk of harm or abuse, or their nominated carer who made the allegation is to be kept informed about what is happening to their allegation. In deciding what information to disclose, careful

consideration should be given to the requirements of maintaining confidentiality under the requirements of the Human Rights Act and that Data Protection Act.

- 7.2 The line manager in conjunction with Head of Safeguarding/Senior HR Representative must keep the member of staff or worker who is the subject of the allegation informed of the progress of the case, and inform them of what support is available for them. The staff or worker's Trade union, professional body or occupational health services can provide support.

In any case, if the individual is a member of a trade union, they should be advised to make contact with their trade union at the outset of the Investigation and before any statements are required or given.

- 7.3 In cases where a child, young person or adult at risk may have suffered significant harm, or there may be a criminal prosecution, children social care, adult social care or the police (as appropriate), should consider what support the child, young person or adult at risk may require.
- 7.4 All staff should be made aware of the Trust's Raising (Freedom to Speak Up) concerns Policy and Procedure and feel confident to voice concerns about actions or attitudes of colleagues. If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by the Trust in respect of a staff member in a Position of Trust, they should escalate to Head of Safeguarding.

## 8. Managing the Risk

- 8.1 These arrangements need to be applied with pertinent knowledge and judgement. While some allegations will be so serious as to require immediate action in referring to children's social care, adult social care, the police and / or disciplinary measures, many concerns are rarely "open and closed".
- 8.2 Some cases are arguably less serious, and do not necessarily represent significant harm to children, young people or adults at risk but otherwise relate to standards of care or to the personal / professional conduct of an individual. All such concerns should still be taken earnestly and examined objectively by the LADO. The police should always be consulted in the event of a possible criminal offence having been committed.
- 8.3 Where allegations are made directly to the police or to children's or adults social care, the LADO must be informed at the earliest opportunity and agree the next steps with the Head of Safeguarding, including how concerns are to be followed up and in anticipating contingency measures, e.g. in the event of escalating concerns, including the prospects of expanding numbers of victims and/or staff members believed responsible (when a complex investigation may take place) and the relevant means of oversight and monitoring.
- 8.4 The LADO and the Head of Safeguarding will ensure mechanisms are in place with a view to learning lessons and determining any other action to be taken such as further training needs and anticipating any media interest.
- 8.5 Staff should not be suspended/ excluded automatically. The LADO, in conjunction with the Deputy Director of HR/Senior HR representative and Chief Nursing Officer will give consideration to the appropriateness of the staff member being suspended whilst the investigation takes place.

## **9. Action on Conclusion of a Case**

- 9.1 The police (or the CPS) should inform the employer and the LADO as soon as a criminal investigation and any subsequent trial are complete, or if a decision is taken to close an investigation without charge. The LADO should then record this decision and discuss with the Head of Safeguarding whether any further action is required and if necessary how to proceed.
- 9.2 If the allegation is substantiated and the person concerned is dismissed (or the employer ceases to use the person's services or the person resigns), the LADO should discuss with the Line Manager and Senior HR Representative (and take legal advice where necessary) whether a referral is appropriate to the Disclosure and Barring Service. If the person is subject to registration or regulation by a professional body a referral must be made to the professional/regulatory body by the relevant Head of the Professional Service / Division with advice from HR
- 9.3 If on the other hand, upon the conclusion of a case it is decided that a person who has been suspended/excluded can return to work, the employer should consider how that might best be facilitated. Consideration may be given to how future contact between the employee and the parties concerned might best be managed.
- 9.4 If an allegation is substantiated, the employer or commissioner of the service should review the case in consultation with the LADO, to consider whether there are features of the organisation that may have contributed to, or failed to prevent, the abuse occurring so that lessons may be learnt. In some cases, a serious case review may be appropriate.

## **10. False or unfounded allegations**

- 10.1 If an allegation is demonstrated to be unfounded, members of the POT meeting should consider making a referral to children's or adults social care where it is felt that the child, young person or adult at risk may be in need of services, or may have been abused by someone else. In the rare event that an allegation is shown to have been deliberately invented or malicious, members of the POT Meeting should consider discussing with the police and employee as to whether any action may be appropriate.

If it is demonstrated that an allegation is deliberately invented or malicious this will be dealt with in line with the Disciplinary Policy.

## **11. Record Keeping**

- 11.1 The Head of Safeguarding will have the responsibility for maintaining and storing the following records:
- The nature of the allegation/concern
  - Who was spoken to as part of the process and what statements/notes were taken and when.
  - Any records that were seen and reviewed.

- What actions were considered and justification for specific decisions, including suspension and any actions taken under the Trusts Disciplinary Procedure.
- What alternatives to actions were explored?
- Minutes and actions of all meetings that take place.
- The above information will be held until the employee reaches the age of 79 or 6 years after death, whichever is the longer period. (In accordance with NHS England record keeping policy).

11.2 All records should be stored in a secure area and not on personal drives as they may need to be accessed, the folder should be restricted to certain Safeguarding Team personnel.

11.3 For these particular records:

- Name the files appropriately.
- Apply a retention period.
- Save in an agreed area and apply security measures to the records as they contain sensitive personal information.
- Emails can form part of records or can be seen as individual records so if they form a critical part of the investigation, they should also be stored securely in the file.

11.4 Strategic information should be maintained by the Head of Safeguarding. The information will then be reported internally to WAHT Trust Board as part of the Safeguarding Annual report and externally to the Worcestershire Safeguarding Children’s Board and Worcestershire Safeguarding Adult board on at least an annual basis or as requested. Information may also need to be provided to other statutory agencies including the CQC.

## 12. Implementation of key document

This policy will be implemented immediately upon approval and will replace any previous Managing Allegations against people in a Position of Trust Policy. This Policy will be discussed as part of Mandatory Safeguarding training for Adults and Children.

## 13. Monitoring and Compliance

<b>Monitoring Requirements</b>	WAHT Trust Board Annual reports to the Worcestershire Safeguarding Children Board and Worcestershire Safeguarding Adult Board
<b>Monitoring Method</b>	Case log
<b>Monitoring Prepared by</b>	Head of Safeguarding
<b>Monitoring Presented to</b>	WAHT Trust Board Annual reports to the Worcestershire Safeguarding Children Board and Worcestershire Safeguarding Adult Board
<b>Frequency of Reporting</b>	Annual

## 14. Training and Awareness

Awareness of this Policy will be raised throughout the Trust and will be available on Trusts intranet under HR document library. All new starters within four weeks will undergo level 1 Safeguarding training via training sessions or online training. If role necessitates then further Safeguarding Adults and Children training at level 2 and 3 via classroom training sessions will be required. The Policy will also be discussed as part of Mandatory Safeguarding Training for Adults and Children.

## 15. Financial risk Assessment

There are no financial risks associated with this policy. There will be some associated training costs.

## 16. Consultation/Approval Process

This policy has been developed in conjunction with the Policy Working Group, the LADO, and the Safeguarding Expert Forum and approved by the Joint Negotiating and Consultative Committee.

## 17. Dissemination process

The policy will be placed in the Trust's HR Document library on the Intranet and will be publicised through Trust update, and notified to the Trust Board by the People & Culture Committee.

## 18. Development of the Policy

This policy will be reviewed after 3 years, or earlier in the light of any legislative changes, developments in best employment practice, to ensure its continuing relevance and effectiveness.

**Supporting Document 1 – Equality Impact Assessment form**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
 Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	Deborah Narburgh –Head of Safeguarding Carol Deakin – HR Officer
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Deborah Narburgh	Head of Safeguarding	deborah.narburgh@nhs.net
<b>Date assessment completed</b>	11.02.2020		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Safeguarding - Managing Allegations against People in a Position of Trust Policy (PiPoT)
What is the aim, purpose and/or intended outcomes of this Activity?	<p>The purpose of this Policy is to provide a framework to ensure appropriate actions are taken to manage safeguarding allegations against WAHT staff or Persons in a Position of Trust (PiPoT); regardless of whether they are made in connection with duties undertaken on behalf of WAHT, or if they fall outside of this.</p> <p>The purpose of this Policy is to ensure a consistent and effective response to any circumstances giving grounds for concern, formal complaints, or expressions of anxiety in relation to actual or suspected abuse of an adult or child by a member of staff or</p>

	volunteer.			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, e.g. demographic information for patients / services / staff groups affected, complaints etc.	<p>Managing Safeguarding Allegations Against Staff Policy and Procedure (NHS England updated 2019)            Chapter 2 Working Together to Safeguard Children and Young people (2015, revised 2018).            Care Act (2014).            Children Act (1989 / 2004)            The Trusts Disciplinary Policy WAHT-HR-017            Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical and Dental staff WAHT-HR-540            Safeguarding Adults Pathway            Raising a Concern Whistleblowing Policy and procedure. WAHT-HR-051 –Freedom to Speak Up            Safeguarding Children’s Pathway            General Data Protection Regulations (2018)            Human Rights Act 1998            The Trusts code of Conduct for employees in respect of Confidentiality WAHT-IG-001            The Trusts Information Communication Technology Policy WAHT-TWI-007            The Trusts Information Governance policy WAHT-CG-579            The Trust Media Policy WAHT-HR-100            Worcestershire Safeguarding Adults Board - Protocol for responding to concerns about a person in a position of trust working with adults (PiPoT) (2018)            Regional Child Protection Procedures for West Midlands            Multi –agency Policy &amp; Procedures for the Protection of Adults with care &amp; support needs in the West Midlands</p>			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Policy Working Group and representatives Safeguarding Committee and representatives			
Summary of relevant findings	Approved			

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	✓			This Policy covers both adults, children and young people
Disability	✓			Section: Definitions – Children’s Act, Care Act
Gender Reassignment	✓			This Policy covers both adults, children and young people
Marriage & Civil Partnerships		✓		No impact
Pregnancy & Maternity	✓			This Policy covers both adults, children , including the unborn
Race including Traveling Communities	✓			Policy in accordance with statutory guidance / regional procedures
Religion & Belief	✓			Policy in accordance with statutory guidance / regional procedures
Sex	✓			Policy in accordance with statutory guidance / regional procedures
Sexual Orientation	✓			Policy in accordance with statutory guidance / regional procedures
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	✓			Policy in accordance with statutory guidance / regional procedures
Health Inequalities (any preventable, unfair & unjust differences in health status between groups,	✓			Policy in accordance with statutory guidance / regional procedures

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>	PiPOT audit quarterly with CCG deputy Designated Nurse. Reported via Safeguarding Committee.			
<b>When will you review this EIA?</b> (e.g. in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	In accordance with Policy review date			

**Section 5** - Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	<i>D A Narburgh</i>
<b>Date signed</b>	11.02.2020
<b>Comments:</b>	

**Policy**

<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



**Appendix-2 Financial Risk Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of Document:</b>	<b>Yes</b>	<b>/</b>	<b>No</b>
1.	Does the implementation of this document require any additional Capital resources	No		
2.	Does the implementation of this document require additional revenue	No		
3.	Does the implementation of this document require additional manpower	No		
4.	Does the implementation of this document release any manpower costs through a change in practice	No		
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No		
	Other comments:			

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval

## Appendix 3 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Staff Policy
2	Title of document	Safeguarding – Managing Allegations against People in a Position of Trust (PIPOT) Policy
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-HR-xxx
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Safeguarding Team
6	Clinical lead/s	CNO
7	Pharmacist name (required if medication is involved)	N/A
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	Managers and staff side via Policies Working Group
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	PiPOT Policy

Once the document has been developed and is ready for KDAG approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc.

### Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
Agree at Trust Leadership Group and JNCC	Deputy Director of HR	November 2017
Publish on Intranet – document finder and on E&D webpages	Deputy Director of HR	December 2017
Staff via Safeguarding Training, Induction and Mandatory Training	Safeguarding Team	Ongoing

**APPENDIX 4**

**PROCESS FOR ALLEGATIONS AGAINST A PERSON IN A POSITION OF TRUST**

