

MANAGING ALLEGATIONS AGAINST STAFF
**(WITHIN THE CONTEXT OF THE SAFEGUARDING CHILDREN
AND ADULTS AT RISK POLICIES)**

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DOCUMENT CONTROL

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1. INTRODUCTION

- 1.1 This policy sets out the process to be followed when a concern has been identified against a member of staff that raises safeguarding concerns that a child or adult may have been harmed and/or a criminal offence may have been committed. The policy is informed by the legal framework relating to safeguarding children and by statutory and local guidance regarding vulnerable adults. If concerns are raised about an individual not employed by the Trust, the Director of Nursing and Patient Safety, the Head of Safeguarding and the Head of HR Operations need to be advised and will discuss the most appropriate way forward.
- 1.2 The Trust has adopted the same principles and procedures regardless of the age of the alleged victim. To ensure the Trust is a safer organisation whose service users and patients are safeguarded and have their welfare promoted, it is important to ensure even apparently less serious allegations or concerns are followed up and scrutinised.
- 1.3 This policy will ensure allegations are dealt with consistently, thoroughly and in a timely manner. The process outlined will ensure appropriate, pragmatic and proportionate responses are made in partnership with other agencies taking account the risk, history and context of each situation.
- 1.4 Some allegations are so serious an immediate referral to the police and/or social care for investigation is warranted. Other situations are less serious, and may not warrant this level of response and may be dealt with in accordance with the disciplinary procedures.
- 1.5 This policy applies to those allegations where there is reason to believe a child or adult is at risk of potential significant harm. However, it also applies to allegations which might indicate the alleged perpetrator is unsuitable to work with children or adults in his/her present position or in any future capacity.
- 1.6 The Chief Operating Officer, Director of Nursing and Patient Safety, Head of Safeguarding, and the Head of HR Operations will be informed as soon as possible about any allegations made against members of Trust staff. The Medical Director will be advised in relation to allegations involving medical staff.

2. PURPOSE AND SCOPE

- 2.1 This policy applies to all members of Trust staff regardless of their current role or place of work. The term “members of Trust staff” is used within this policy and refers to staff as follows:
 - Employed by Somerset Partnership NHS Foundation Trust;
 - Seconded or attached from other agencies e.g. Approved Mental Health Professionals (AMHPs);
 - Bank, locum or agency staff;
 - Volunteers;
 - Students;
 - Contracted with or commissioned by Somerset Partnership NHS Foundation Trust to provide services;

- Medical staff.
 - Service user, carer, elected, appointed and public representatives who take part in Trust committees and working groups, Governors, the Members' Council and its committees and working groups.
- 2.2 This policy will be used and applied to all members of Trust staff who are alleged to have:
- Behaved in a way which has harmed, or may have harmed or may be a risk to a child or vulnerable adult;
- OR**
- Possibly committed a criminal offence against, or related to, a child or vulnerable adult;
- OR**
- Behaved towards a child/ren or adult/s in a way which indicates s/he is unsuitable to work within the Trust.
- 2.3 This policy also will be applied when the Trust becomes aware of an allegation or concern about a member of Trust staff who, outside of their Trust workplace, may present a risk to service users. For example, an allegation of domestic violence or abuse, anti social behaviour, substance misuse or fraud. Consideration will also need to be given when the actions, behaviours or attitude of a member of Trust staff brings the organisation into disrepute or potentially compromises their professional code of conduct and/or conditions of registration.
- 2.3 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 (i.e. GP practice, Children's Social Care, Social Worker etc) the Trust would inform the employer in order that they can instigate their own internal investigations. If the concerns were in relation to children we would also inform the Local Authority Designated Officer (LADO).
- 2.4 If there is reasonable cause for the Trust to consider that the actions or omissions of a member of its staff may impact on the health or welfare of any child or another adult this policy will be invoked.

3. DUTIES AND RESPONSIBILITIES

3.1 Trust Chief Executive

The Trust Chief Executive has overall accountability for this policy and for its successful implementation.

3.2 Director of Nursing and Patient Safety

The Director of Nursing and Patient Safety in the context of being the Trust Board Safeguarding Lead is directly accountable for the effective and full implementation operationally of this policy and will be advised at the outset of all allegations against members of Trust staff.

3.3 Trust Medical Director

The Trust Medical Director will be advised at the outset of all allegations against members of Trust medical staff and the Trust Investigating Officer will liaise with the Medical Director throughout the investigation process.

3.4 Trust Head of Safeguarding

The Head of Safeguarding will be advised at the outset of all allegations against members of Trust staff and will communicate with the appropriate Adult and Children's Safeguarding Leads. The Trust Investigating Officer will liaise with the respective Safeguarding Lead and the Head of Safeguarding throughout the investigation process.

3.5 Trust Investigating Officer

The Officer, who will have the necessary experience in conducting Trust investigations, will be responsible for investigating an allegation made against a member of staff and for providing a report to the Trust Director of Nursing and Patient Safety and the Head of Safeguarding in a timely manner.

3.6 Trust Managers

All Trust Managers are responsible for:

- Following the agreed process for managing allegations against staff;
- Ensuring all staff are aware of this policy;
- Ensuring proper records are kept and ensuring confidentiality.

3.7 Non-Executive Director responsible for Safeguarding Adults and Children

The Trust has a Non-Executive Director who supports the work of the Safeguarding Team and acts as an additional Safeguarding representative on the Trust Board.

3.8 Trust Chairperson responsible for Safeguarding

The Trust Chairperson supports the work of the Head of Safeguarding

3.9 All Trust Staff

All Trust staff are responsible for:

- Performing their duties in accordance with their contractual obligations, professional codes of conduct and the terms of their registration;
- Adhering to the professional boundaries of their role in order to ensure that their practice is safe;
- Exercising due care in the performance of their duties;
- Exercising their duty of care to others, e.g. safeguarding, raising concerns and whistle-blowing;
- Treating colleagues, patients, carers and visitors with respect ensuring their privacy and dignity;
- Being honest and trustworthy;
- Being co-operative and acting reasonably;

- Following Trust policies and procedures and abiding by Trust procedures and guidance.

3.10 External Agencies

For more complex allegations or concerns, and any involving children, there are a number of external agencies that must be involved in accordance with statutory guidance. Three key roles who could potentially be involved are the Local Authority Designated Officer (LADO), the Local Authority Safeguarding Manager, and the Police Safeguarding Coordinated Unit (SCU). Detailed guidance and support, in the event of any of these agencies needing to be involved, would be provided to the Trust Manager by the Head of Safeguarding and Director of Nursing and Patient Safety.

4. EXPLANATIONS OF TERMS USED

4.1 Child

As defined by the Children Act 1989, anyone under the age of 18 years should be considered as a 'child' for the purposes of this policy.

4.2 Adult

An adult over the age of 18 years.

4.3 LADO

Local Authority Designated Officer (Somerset County Council)

4.4 SCU

Safeguarding Coordination Unit (Police)

4.5 SIRI

Serious Incident Requiring Investigation

4.6 DfES

Department for Education and Skills

5. STEPS TO BE TAKEN FOLLOWING RECEIPT OF ALLEGATION

Whenever an allegation is received about anyone undertaking duties on behalf of the Trust:

- Please refer to Appendices A and B to this policy for the relevant flowchart for the management of allegations;
- The matter must be reported immediately by telephone to the relevant Divisional Manager/Head of Division who will advise the Trust Head of Safeguarding and Director of Nursing and Patient Safety. If the allegation refers to medical staff the Medical Director must be informed;
- The Reporting Manager must ensure the immediate safety of all concerned and complete the DATIX Report.
- The Director of Nursing and Patient Safety will discuss with the Head of Safeguarding and the Head of HR Operations and where relevant a

Medical Manager the way forward in accordance with this policy and other related Trust policies and procedures;

- The Head of HR Operations will consider with the Divisional Manager/Head of Service who will be most appropriate to support the subject of the allegation throughout the Trust enquiries and/or investigation; (For medical staff procedures for investigation of serious concerns are set out in the Disciplinary Procedures for Medical Staff Policy.)
- The Director of Nursing and Patient Safety will at this stage appoint an Investigating Officer to lead the investigation;
- The same principles of rigorous investigation and procedural protocols will be adopted by the Trust when investigating allegations made by adults or children. The guidance contained within this policy should be applied to allegations made by adults, as it would be for children. The key difference is the investigation process and outcome is managed without the involvement of the statutory LADO role in relation to allegations made where children are the victim.
- Where the allegation concerns a member of social care staff attached to the Trust, e.g. an Approved Mental Health Professional and other social workers, the Director of Nursing and Patient Safety will liaise immediately with the Professional Head of Social Work. The Professional Head of Social Work will liaise with the Local Authority to ensure that appropriate management and HR processes are followed.
- Information regarding the Trust's statutory responsibilities for managing allegations against staff involving children can be found in Appendix D.
- **NB: Out of Hours**
If an allegation requires immediate attention, but is received outside office hours, the On Call Manager must be notified. The On Call Manager will notify the On Call Executive Director. The On Call Manager will also notify the police if immediate intervention is required and notify the Head of Safeguarding at the earliest opportunity.
- The On Call Manager will take steps with others involved to ensure the immediate safety of all concerned, which may include police or other agency involvement, such as the Emergency Duty Team.

6. THE ROLE OF THE INVESTIGATING OFFICER

The role of the investigating officer is:

- With the advice and support of the Head of Safeguarding and the Head of HR Operations, to work within statutory guidance and Trust policies and procedures. Where there is not applicable statutory guidance the Head of Safeguarding the Head of HR Operations will provide advice and guidance.
- To provide a progress report at each key stage of the investigation to the Head of Safeguarding and Director of Nursing and Patient Safety.
- To liaise with appropriate external agencies under the guidance of the Head of Safeguarding and designated Head of HR Operations.

- To provide a formal written report at the end of the investigation, see Appendix E for format to be used that comes from the Trust's Serious Incident Requiring Investigation (SIRI).
- To determine a recommended outcome of the investigation that conforms with one of the decision outcomes listed at Appendix C.
- To convene a post investigation meeting, see flowchart Appendices 1 and 2.
- Separate processes are in place for the investigation of serious concerns concerning medical staff as set out in the Disciplinary Procedures for Medical Staff Policy.

7. THE ROLE OF THE LOCAL AUTHORITY DESIGNATED OFFICER

- 7.1 Local Authority Designated Officers, (LADO), provide advice and guidance to employers and voluntary organisations that have concerns about a person working or volunteering with children and young people who may have behaved inappropriately. They also advise employers and voluntary organisations in situations where information has been received that may constitute an allegation.
- 7.2 The LADO liaises with the police and other agencies and monitors the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process;
- 7.3 Somerset Partnership is responsible for informing the LADO of all concerns and allegations it has about members of staff who may be a risk to children and young people **within 1 working day** of becoming aware of the allegation and of any situations that have been reported to directly to the Police. The Trust is also responsible for investigating any concerns or allegations that are passed to them via the LADO from a third party.
- 7.4 The Trust must make a referral to the Disclosure and Barring Service if it removes an individual (paid worker or unpaid volunteer), from work such as looking after children, (or would have, had the person not left first), because the person poses a risk of harm to children. It is an offence to fail to make a referral without good reason.

8. TRAINING REQUIREMENTS

- 8.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

9. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

10.1 Overall monitoring of the policy will be by the Trust Safeguarding Steering Group.

10.2 Monitoring arrangements for compliance and effectiveness

- Overall monitoring will be by the Safeguarding Steering Group;
- The Corporate Governance team, will monitor risks reported, untoward events reported and complaints and will inform the Head of Safeguarding of all relevant events and provide reports to the Safeguarding Steering Group.

10.3 Responsibilities for conducting the monitoring

- The Safeguarding Steering Group will monitor procedural document compliance and effectiveness where they relate to Safeguarding Children and Adults.

10.4 Frequency of monitoring

Six monthly reports to Trust Board by the Head of Safeguarding.

10.5 Process for reviewing results and ensuring improvements in performance occur

Investigation reports will be presented to the Safeguarding Steering Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

Lessons learnt will be communicated by the Trust newsletter.

11. COUNTER FRAUD

11.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

12. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes, which inform this procedural document, are as follows:

Safeguarding and Safety	7	Safeguarding people who use services from abuse.
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13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

13.1 References

This Policy should be read in conjunction with:

South West Child Protection Procedures 2010;

Somerset County Council, 'Safeguarding Adults At Risk Policy and Procedure' 2012;

DfES 'Working Together to Safeguard Children' (2006), (2010), (2013)

13.2 Cross reference to other procedural documents

The guidance must be read in conjunction with the following Trust Policies:

Being Open (When Things Go Wrong) Policy;

Disciplinary Policy;

Disciplinary Procedures for Medical Staff Policy;

Disclosure and Barring Service (previously CRB) Policy;

PALS and Complaints Policy;

Safeguarding Adults at Risk Policy;

Safeguarding Children Policy and Procedure;

Untoward Event Reporting Policy & Procedure;

Whistleblowing (Raising Concerns) Policy;

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

14. APPENDICES

14.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

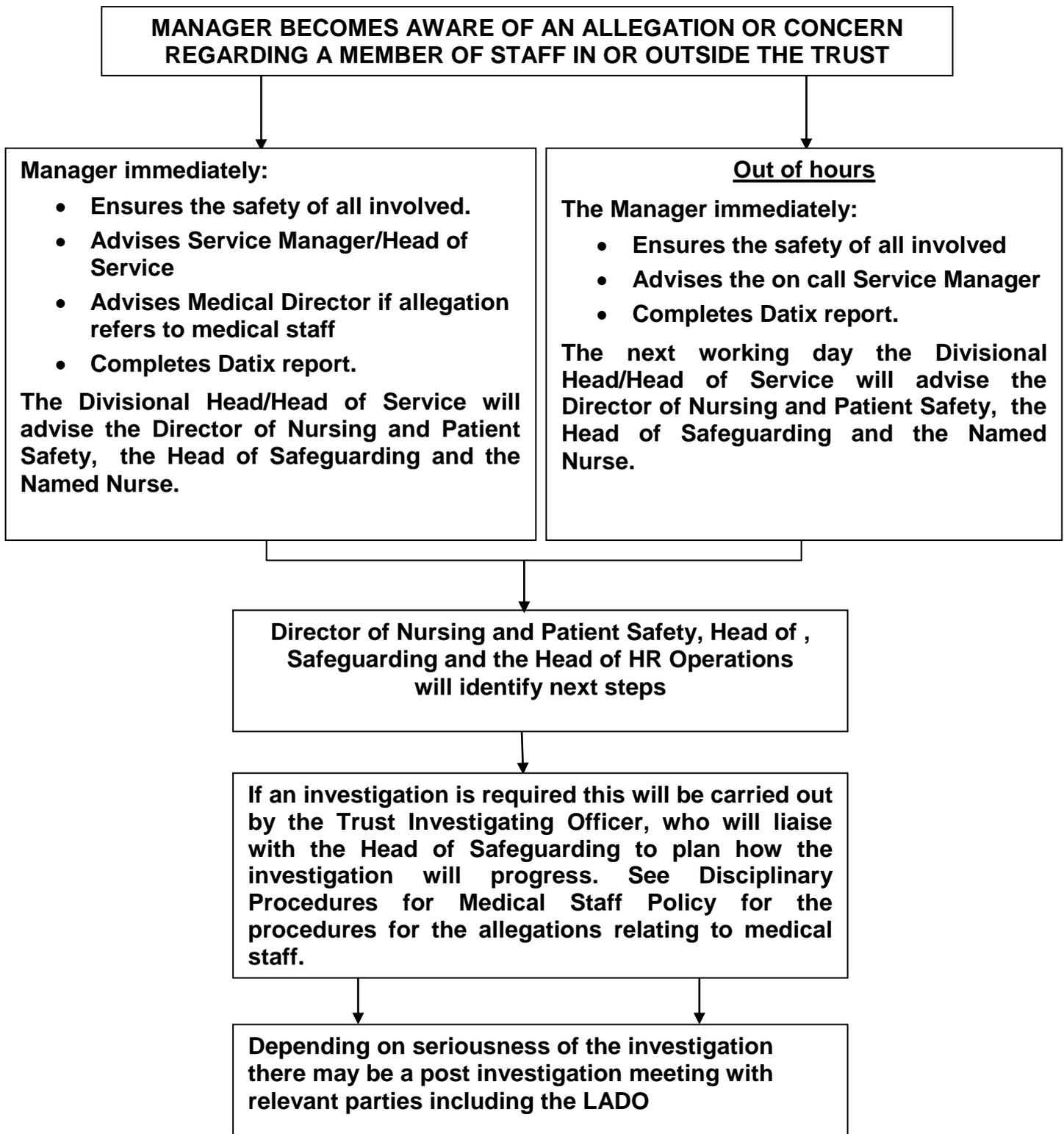
Appendix A Flowchart for the Management of Allegations Related to Children

Appendix B Flowchart for the Management of Allegations Related to Adults

- Appendix C Outcome Decisions Definitions
- Appendix D Managing Allegations Against Staff Involving Children or Adults
- Appendix E Reporting Format in accordance with the Serious Incidents Requiring Investigations (SIRI) Policy

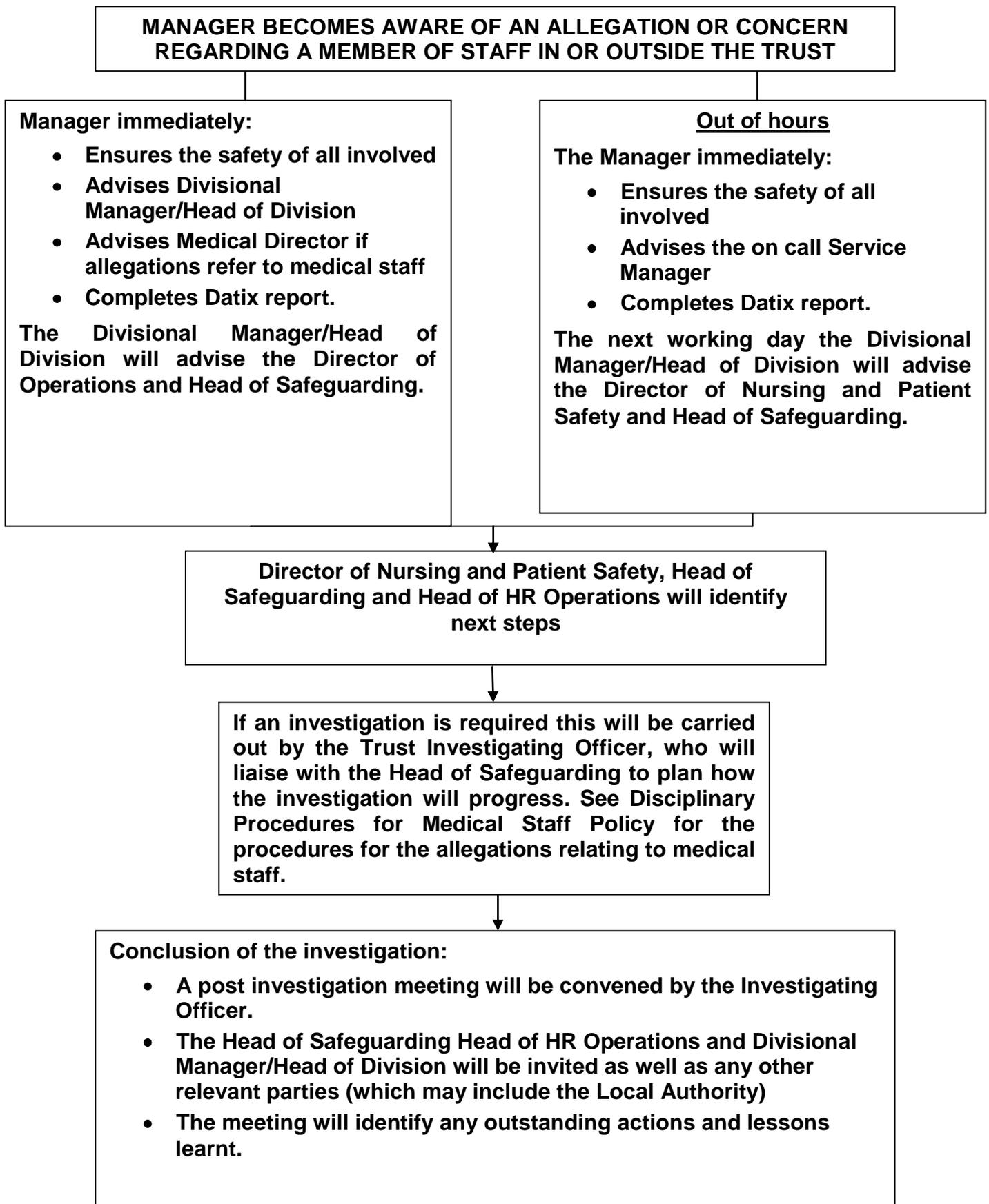
APPENDIX A

FLOWCHART FOR THE MANAGEMENT OF SAFEGUARDING RELATED ALLEGATIONS IN RELATION TO CHILDREN



APPENDIX B

FLOWCHART FOR THE MANAGEMENT OF SAFEGUARDING RELATED ALLEGATIONS IN RELATION TO ADULTS



DEFINITIONS**No further action after initial consideration**

Initial consideration means the discussion about whether the alleged incident constitutes an allegation within the scope of the LSCB's procedures, i.e. the initial discussion with the LADO, Social Care or the Police following which there may be no need for further action under the safeguarding procedures.

Disciplinary Procedures

This would be where the Trust has considered the allegation under the terms of their own internal disciplinary investigation.

Substantiated

There is sufficient identifiable evidence to prove the allegation.

False

There is sufficient evidence to disprove the allegation.

Malicious

There is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

Unfounded

There is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they say. Alternatively they may have not have been aware of all the circumstances.

Unsubstantiated

This is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

Advice/guidance

This applies where the person against whom the allegation/concern was made requires advice/guidance/training in recognition of a need for a change of behaviour/approach.

Warning within disciplinary procedures

This applies where a case has been found and the person against whom the allegation/concern has been made is formally warned as part of the Trust's disciplinary procedures.

Suspension

In certain circumstances, it may be appropriate to suspend an employee where the alleged offence is of a nature such that continuing attendance at the premises of the Trust or continuation of the responsibilities of the employee is not appropriate in line with the Disciplinary Procedure. The circumstances, which may justify suspension, include the following:

- Allegations which appear to constitute gross misconduct;

- Where there are concerns about the health, safety or welfare of the employee or of others, including patients, service users and/or families;
- Where the employee is the subject of a police investigation;
- Where a more objective examination of circumstances can be made in the absence of that employee;
- Where there are other sound reasons to justify suspension.

Suspension is deemed a neutral act and in such cases is intended as a safeguard for the child or vulnerable adult making the allegation and the protection of information relating to the allegation.

Dismissal

Dependent upon the circumstances, a finding of gross misconduct will normally result in summary dismissal, although the Disciplinary Panel may take action short of dismissal without notice or pay in lieu in appropriate circumstances and after discussion with the designated Head of HR Operations. When any action short of dismissal includes a written or final written warning, then the length for which the warning remains current will normally be up to 24 months but records relating to allegations against staff will be kept in accordance with the record keeping practice described earlier in this document.

Resignation

This would apply where a person resigns before disciplinary proceedings can be completed, or resigns as an alternative to being dismissed, however the investigation will continue.

Cessation of use

This would apply only in proven cases involving volunteers or non-contracted staff. In this case any investigation would still continue.

Criminal Investigation

This would apply where the police have been involved in investigating an allegation to determine whether or not a criminal offence has been committed.

Caution

This would apply if the police issued any cautions, reprimands, warnings or bind-overs relating to the allegation.

Conviction

This is where the legal result of a criminal trial is that the defendant has been found guilty of a crime.

Acquittal

This is where the legal result of a criminal trial ends in a verdict of not guilty, or some similar end of court proceedings that terminate without a verdict of guilty being entered against the accused. An acquittal formally certifies the innocence of the accused, as far as the criminal law is concerned, although the Criminal Justice Act 2003 creates an exception by providing that retrials may be ordered if "new and compelling evidence" comes to light after an acquittal for a serious crime.

Referral to the Disclosure and Barring Service

This will be led and co-ordinated by the Trust's Head of HR Operations, supported by the Manager leading the investigation and the Head of Safeguarding.

Inclusion on Barred List

As above, this applies to a decision to bar/restrict a person from working with children or young people or vulnerable adults and is taken by the Independent Barring Board (IBB).

Referral to Regulatory Body

For example the General Medical Council, General Social Care Council, Nursing and Midwifery Council etc.

MANAGING SAFEGUARDING RELATED ALLEGATIONS AGAINST STAFF INVOLVING CHILDREN IN ACCORDANCE WITH THE STATUTORY DUTIES OF THE LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

1. Strategy Meeting/Discussion

- 1.1 If there is cause, as a result of an allegation against a member of staff, to suspect that a child is suffering or is likely to suffer significant harm, the Trust will refer to the LADO within 1 working day of receipt of the allegation. The LADO will refer the matter to Children's Social Care and ask for an immediate strategy discussion to be convened. Wherever possible this should take the form of a face-to-face meeting and the LADO and the Trust Service Manager/Head of Service (Trust Representative) and Trust Named Nurse should normally attend.
- 1.2 The LADO will advise the Trust who else should be invited to attend and this may include:
- Relevant Team Manager;
 - HR representative;
 - Legal Adviser;
 - Regulatory/inspectorate body representative;
 - Where a child is placed or resident in the area of another authority, representative(s) of relevant agencies in that area;
 - Where a child is ordinarily resident in another area but currently under the care of Somerset partnership, e.g. inpatient in CAMHS unit;
 - Complaints Officer.
- 1.3 In addition, the discussion will address the issues in relation to the person who works with children. These may include:
- Consider whether any parallel disciplinary process can take place and agree protocols for information sharing including the provision of a written report;
 - Make recommendations where appropriate regarding suspension or alternatives to suspension. (Please refer to the Trust Disciplinary Policy);
 - Agree how, when and by whom, information about the process, the enquiry and its outcome, should be conveyed to the child, his/her family and the accused person;
 - Consider what support should be provided to all children and their families who may be affected;
 - Consider what support should be provided, and by whom, to the person who works with children, their family and colleagues;
 - Ensure the investigations are sufficiently independent;

- Consider/plan for media interest and any resource implications;
 - Agree further discussion dates including progress monitoring by the LADO, having regard to the target timescales.
- 1.4 A written record of the strategy discussion and any subsequent meetings should be kept and distributed to those invited.
- 1.5 The LADO will also make a written detailed record of the meeting, and any subsequent meetings, in addition to the record of strategy discussion. This should be distributed to the Director of Operations, Safeguarding Lead, Service Manager, HR and the Police and to any other party as deemed appropriate by the LADO.
- 1.6 **Initial Evaluation Meeting**
 If there is no cause to suspect 'significant harm' is an issue but a criminal offence might have been committed and/or the accused person may have behaved in a way indicating s/he is unsuitable to work with children, the LADO will discuss the case with the police, the Trust Representative and any other relevant agencies to evaluate the allegation and decide how it should be dealt with and will convene an initial evaluation meeting. The initial evaluation discussion may not need to be a face-to-face meeting.
- NB: Where a referral has been made to Children's Social Care and a strategy meeting is convened, the initial evaluation meeting will normally not be held separately. The issues to be considered in relation to the person who works with children should be addressed within the strategy meeting.**
- 1.7 In managing allegations against people who work with children the following general considerations should be taken into account:
- Parents and carers of a child/ren involved should normally be told about the allegation as soon as possible. The decision about how and by whom they should be informed should be agreed between the Trust Representative and the LADO. In cases where the police and/or social care may need to be involved the LADO should first discuss and agree the most appropriate course of action with those colleagues.
 - The Trust Representative should, as soon as possible, inform the accused person about the allegation and how enquiries will be conducted after consulting and agreeing this with the LADO. In some cases, the police and/or social care will want to impose restrictions on the information that can be provided. The LADO, Trust's Safeguarding Lead and Named Nurse will need to reach an agreement with those colleagues about the disclosure of any information.
 - It may be appropriate to suspend an employee where the alleged offence is of a nature such that continuing attendance at the Trust's premises or continuation of the responsibilities of the employee is not appropriate. If suspension is necessary the Designated Head of HR Operations will support the process in line with the Trust's Policy.

- 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, parents and accused person up-to-date with the progress of the case, information sharing should be restricted to those who have a need to know in order to protect children, facilitate enquiries and manage related disciplinary, capability or suitability processes.
- If a member of Trust staff tenders their resignation, or ceases to provide services, this will not prevent an allegation being followed up in accordance with the Disciplinary policy. The outcome of the investigations will determine if the allegation is substantiated and referred to a disciplinary hearing accordingly. The process of investigating an allegation remains the same whether the employee has been suspended or resigned.
- The same principles of rigorous investigation and procedural protocols will be adopted by the Trust when investigating allegations made by vulnerable adults. The guidance contained within this policy should be applied to allegations made by adults, as it would be for children. The key difference is the investigation process and outcome is managed without the involvement of the statutory LADO role in relation to allegations made involving adults.

2. POST ALLEGATION INVESTIGATION MEETING

2.1 At the conclusion of the investigation, a further meeting should normally be convened in order to:

- Share findings of the investigation/assessment and consider the written report of the Trust Investigating Manager;
- Outline any further actions required, including the completion of the police investigation and any potential media interest;
- Review the circumstances of the case to determine whether there are any improvements to be made to Trust or Children's Services procedures or practice;
- Consider relevant/report to relevant regulatory body and/or The Independent Safeguarding Authority;
- Consider whether the circumstances of the case and whether a referral to the Chair of the Local Safeguarding Children Board should be made for consideration of a Serious Case Review/Case Audit;
- Decide whether an individual who has been suspended can return to work and if so, how s/he will be supported;
- The Designated HR Manager will ensure the Trust meets its statutory requirement to refer the outcomes of all investigations, relating to allegations against staff to the Independent Safeguarding Authority (ISA).

3. RECORD KEEPING

- 3.1 It is important staff involved in receiving and/or managing allegations against any person who falls within the scope of this policy keep a clear and comprehensive written record. Where the accused person receives supervision, a summary of any allegations made how they were dealt with and resolved, any actions taken and the decision reached, should be kept in a confidential section of the supervision file.
- 3.2 The Head of Safeguarding will keep a copy of all relevant records, assessments and papers to ensure the Trust has a single central record of all allegations made. The LADO (cases involving children only) will keep all relevant records to meet statutory requirements.
- 3.3 In addition, a summary of any allegations made how they were dealt with and resolved, any actions taken and decision reached should be kept in the accused person's confidential HR file, in accordance with the Trusts disciplinary policy. The Trust must keep "a clear and comprehensive summary of any allegations made, details of how the allegations were followed up and resolved, and of any action taken and decisions reached. These should be kept in a person's confidential personnel file and a copy should be given to the individual. Such information should also be retained on a central safeguarding file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for 10 years if that is longer. 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 future Disclosure and Barring process reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time" (Working Together to Safeguard Children (2006) p.241).
- 3.4 The terms of reference of any investigation may be widened to capture previous investigations or concerns raised.
- 3.5 There should also be consideration of referring the individual to his/her regulatory body, which may result in possible sanctions against an individual e.g. General Social Care Council (GSCC) in the case of registered social workers or the General Medical Council (GMC) in the case of any employee registered as Doctor.

4. INVESTIGATION TIMEFRAMES

Allegations against staff should be dealt with in accordance with the target timescales detailed in the Trust's Disciplinary Policy.

5. INVESTIGATION OUTCOMES

- 5.1 The LADO (Cases involving children only) has a statutory duty to record on behalf of Somerset Children's Services outcomes of all referrals and investigations. The same definitions are adopted by the Head of

Safeguarding when providing a record of outcomes of all investigations involving allegations against staff. The outcome definitions are included in Appendix C of this policy.

6. DATE OF CONCLUSION

- 6.1 The conclusion date is the point at which there is no further action to be taken by the Trust, social care, the police or courts regarding the allegation.

Reporting Format in accordance with Serious Incident Requiring Investigation Policy (APPENDIX J of SIRI Policy)

Root Cause Analysis Investigation Report National Patient Safety Agency RCA Investigation Report Template - Guidance

PLEASE READ - Full Installation of this Template (you will only need to install this once on each pc)

To enable the template to function properly you must save and access it from your **'Templates Folder'**. To do this: Open the document **in word**. Click on **'file'** and then click on **'save as'**. Go to the bottom of the dialog box that opens and, from the **'save as type'** drop down box, select **'Document Template'** and **'Save'**.

Please note that the functionality of this template will be adversely affected by making changes to the original document layout, or by attempting to use it without first saving and accessing it via the templates folder.

To find this document once installed in your Templates Folder

In Word, go to **'File'** and select **'New'**. In the task pane which then opens on the right hand side, find **'Templates'** and select **'On my computer...'** Find the template entitled RCA Investigation Report Template.

Once created, each individual report can be saved, accessed and updated from any folder. However, each new report will need to be set up using the original template from your **'Templates Folder'**.

PLEASE READ - Instruction for use of this RCA Report Template

The following headings are designed to improve the recording of information currently considered good practice for investigation reports. These headings will be evaluated over time to confirm or challenge that understanding.

1. Determine and select the level of investigation to be undertaken

- Refer to the NPSA 'Three Levels of investigation' and to your organisational policy and terms of reference.



Investigation levels:-

Concise

Comprehensive

Independent

2. Write the investigation report in column three

- For a quick reference guide see column one. For detailed support refer to the NPSA 'Guide to RCA investigation report writing'.
- If an investigation produces no information against a heading, add an explanation on why this is the case.
- If issues arise which require a new heading this can be added **after** guidance is deleted (see below)
- Please note that making changes to the design of the original template document will affect its functionality.

3. On completion double click here to Delete the guidance (This may take a few moments)

- Then 'Save' the document with the chosen file name for each investigation report.

Clear Guidance

Quick reference guide	Level	Type your investigation report in this column
Cover page <ul style="list-style-type: none"> • Organisation name and / or logo • Title or <i>Brief</i> outline of incident • Incident date • Incident number • Author(s) • Report date • Page numbers • Document version • Computer File Path 	2+3	
Contents page	2+3	CONTENTS Executive summary Incident description and consequences Pre-investigation risk assessment Background and context Terms of reference The investigation team Scope and level of investigation Investigation type, process and methods used Involvement and support of patient and relatives Involvement and support provided for staff involved Information and evidence gathered Chronology of events Detection of incident Notable practice Care and service delivery problems Contributory factors Root causes Lessons learned Recommendations Arrangements for shared learning Distribution list Appendices
Executive summary A one page summary of the main report presented succinctly under the following headings:-	2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3 2+3	EXECUTIVE SUMMARY Brief Incident description <ul style="list-style-type: none"> • Incident date: • Incident type: • Healthcare specialty: • Actual effect on patient and/or service: • Actual severity of the incident: Level of investigation conducted Involvement and support of the patient and/or relatives Detection of Incident Care and Service Delivery Problems Contributory Factors Root Causes Lessons Learned

	2+3	Recommendations						
	2+3	Arrangements for Sharing Learning						
Main Report	1,2+ 3	MAIN REPORT						
Incident description and consequences	1,2+ 3	Incident description and consequences						
<ul style="list-style-type: none"> Concise incident description 		Example only (please delete and add your own findings) A lady with asthma sustained brain damage following IV administration of a drug to which she was known to be allergic.						
<ul style="list-style-type: none"> Incident date 	1,2+ 3	Incident date:						
<ul style="list-style-type: none"> Incident type 	1,2+ 3	Incident type:						
<ul style="list-style-type: none"> Healthcare speciality involved 	1,2+ 3	Specialty:						
<ul style="list-style-type: none"> Actual effect on patient and / or service 	1,2+ 3	Effect on patient:						
<ul style="list-style-type: none"> Actual severity of incident 	1,2+ 3	Severity level:						
Pre-investigation risk assessment	2+3	Pre-investigation risk assessment						
Assess the realistic likelihood and severity of recurrence, using your organisation's Risk Matrix		<table border="1"> <thead> <tr> <th>A Potential Severity (1-5)</th> <th>B Likelihood of recurrence at that severity (1-5)</th> <th>C Risk Rating (C = A x B)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	A Potential Severity (1-5)	B Likelihood of recurrence at that severity (1-5)	C Risk Rating (C = A x B)			
A Potential Severity (1-5)	B Likelihood of recurrence at that severity (1-5)	C Risk Rating (C = A x B)						
Background and context to the incident	2+3	Background and context						
A brief description of the service type, service size, clinical team, care type, treatment provided etc.								
Terms of reference - Outline :-	2+3	Terms of reference						
<ul style="list-style-type: none"> Specific problems to be addressed Who commissioned the report Investigation lead and team Aims, Objectives and Outputs (see examples opposite) Scope, boundaries and collaborations Administration arrangements (accountability, resources, monitoring) Timescales 		Example only (please amend to build your own aims) To establish the facts i.e.:- what happened (the <i>effect</i>), to whom , when , where , how and why (<i>root causes</i>) To establish whether failings occurred in care or treatment To look for improvements rather than to apportion blame To establish how recurrence may be reduced or eliminated To formulate <i>recommendations and an action plan</i> To provide a <i>report</i> as a record of the investigation process To provide a means of <i>sharing learning</i> from the incident						
Investigation team	2+3	The investigation team						
Names, Roles, Qualifications, Dept.'s								

<p>Scope and level of investigation 1,2+ 3</p> <ul style="list-style-type: none"> State level of investigation (NPSA -1.Concise; 2.Compre.; 3.Independent) Describe the start and end points List services & orgs involved <p>NB: for Level 3 'Independent' Investigations 'scope' could be included under Terms of Reference</p>	<p>Scope and level of investigation</p>
<p>Investigation type (i.e. Single / Aggregation / Multi-incident), process, and methods used 2+3</p> <ul style="list-style-type: none"> Gathering information e.g. <i>Interviews</i> Incident Mapping e.g. <i>Tabular timeline</i> Identifying Care and service delivery problems e.g. <i>Change analysis</i> Identifying contributory factors & root causes e.g. <i>Fishbones</i> Generating solutions e.g. <i>Barrier analysis</i> 	<p>Investigation type, process and methods used</p>
<p>Involvement and support of patient and relatives 1,2+ 3</p> <p>e.g. Meetings to discuss questions the patient anticipates the investigation will address and to hear their recollection of events (anonymised in line with the patient/relative wishes). e.g. Family liaison person appointed, information given on sources of independent support.</p>	<p>Involvement and support of patient and relatives</p>
<p>Involvement and support provided for staff involved 2+3</p> <p>Refer (anonymously) to involvement of staff in the investigation, and to formal & informal support provided to those involved and not involved in the incident.</p>	<p>Involvement and support provided for staff involved</p>
<p>Information and evidence gathered 2+3</p> <p>A summary list of relevant local and national policy / guidance in place at the time of the incident, and any other data sources used:- (Include:-Title and date of Guidance, Policies, Medical records, interview records, training schedules, staff rotas, equipment, etc)</p>	<p>Information and evidence gathered</p> <p>Example only (please delete and add your own findings)</p> <p>The patient's clinical records Interviews with the four staff on duty - 01.02.08 Interviews with patient relatives - 05.02.08 A visit to the location of the incident -14.02.08</p>
<p>Chronology of events 1,2+ 3</p> <p>For complex cases any summary timeline included in the report should be a summary</p>	<p>Chronology of events</p> <p>See table below</p>
<p>Detection of incident 1,2+ 3</p> <p>Note at which point in the patients</p>	<p>Detection of incident</p> <p>Select from the list on the left</p>

treatment the error was identified. i.e.

- At risk assessment of new/changed service
- At pre-treatment patient assessment
- Error recognition pre-care/treatment
- Error recognition post-care/treatment
- By Machine/System/Environ. change/Alarm
- By a Count/Audit/Query/Review
- By Change in patient's condition

Notable practice

Points in the incident or investigation process where care and/or practice had an important positive impact and may provide valuable learning opportunities.

(e.g. Exemplar practice, involvement of the patient, staff openness etc)

Care and service delivery problems

A themed list of the *key* problem points. (Where many problems have been identified the *full* list should be included in the appendix)

Contributory factors

A list of significant contributory factors (where many contributory factors are identified a full list or 'fishbone diagrams' should be included in the appendix)

Root causes (numbered)

These are the most fundamental underlying factors contributing to the incident that can be addressed. Root causes should be meaningful, (not sound bites such as communication failure) and there should be a clear link, by analysis, between root CAUSE and EFFECT on the patient.

Lessons learned (numbered)

Key safety and practice issues identified which may not have contributed to this incident but from which others can learn.

Recommendations (numbered and referenced)

Recommendations should be directly linked to root causes and lessons learned, They should be clear but not detailed (detail belongs in the action plan). It is generally agreed that key recommendations should be kept to a minimum where ever possible.

Arrangements for shared learning

Add additional information

2+3

Notable practice

Example only (please delete and add your own findings)

Actions taken to inform the patient and relatives of the error in an open and honest way, and to subsequently involve them in the RCA process was valued by all and greatly enhanced the investigation.

1,2+
3

Care and service delivery problems

Example only (please delete and add your own findings)

Nurses on the short stay ward routinely failed to complete the section in the patient notes to highlight the existence of known allergies

1,2+
3

Contributory factors

Example only (please delete and add your own findings)

Over years numerous assessments for nutrition, pressure ulcers, falls risk etc. had been added, causing short stay wards to see the completion of all documentation as impossible.

1,2+
3

Root causes

Example only (please delete and add your own findings)

1. When adding or updating patient assessments and care plans, risk assessment of the wider implications of their use should be conducted and acted upon to reduce the risk of impact on patient safety

1,2+
3

Lessons learned

Example only (please delete and add your own findings)

1. A distinction should be made between essential and desirable documentation in clinical records

1,2+
3

Recommendations

Example only (please delete and add your own findings)

1. Ensure allergy records and other priority assessment sheets are routinely filed prominently for ease of completion
2. Ensure essential assessment criteria are set as mandatory fields in new electronic record development

1,2+

Arrangements for shared learning

