



MANAGING SAFEGUARDING ALLEGATIONS CONCERNING PEOPLE IN A POSITION OF TRUST

POLICY NO & CATEGORY	HR37	Human Resources
VERSION NO & DATE	3	March 2022
RATIFYING COMMITTEE or EXECUTIVE DIRECTOR	Transforming our Culture & Staff Experience Sub Committee	
DATE RATIFIED	March 2022	
NEXT ANTICIPATED REVIEW DATE:	March 2025	
EXECUTIVE DIRECTOR	Executive Director of Strategy, People & Partnerships	
POLICY LEAD	Senior People Partner	
POLICY AUTHOR (if different from above)	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom	Yes	

POLICY CONTEXT:

This policy outlines the procedure to be undertaken for dealing with allegations concerning people in a position of trust. This includes all staff and persons working (paid or unpaid) within the Trust including those working in a temporary, voluntary, contractor, honorary or other capacity in which they are acting for and on behalf of the Trust.

POLICY REQUIREMENT:

The Trust has a statutory duty under the Care Act 2014 to ensure that it clearly sets out the roles, duties, and responsibilities of all staff in the management of allegations concerning people in a position of Trust.

Contents

1. INTRODUCTION.....	Page 3
1.1 Rationale (Why)	
1.2 Scope (Where, When, Who)	
1.3 Principles (Beliefs)	
1.4 Maintaining a positive working environment	
2. POLICY.....	Page 3
3. PROCEDURE.....	Page 3
3.1 General Guidance	
3.2 Managing Allegations	
3.3 Referral to Other Agencies and Regulatory Bodies	
4. RESPONSIBILITIES	Page 9
5. DEVELOPMENT AND CONSULTATION PROCESS	Page 10
6. REFERENCE DOCUMENTS	Page 11
7. BIBLIOGRAPHY.....	Page 11
8. GLOSSARY.....	Page 11
9. AUDIT AND ASSURANCE.....	Page 11
10 APPENDICES.....	Page 12-21

1. Introduction

This policy has been developed in accordance with our Trust values of being compassionate, committed and inclusive which are a part of our everyday behaviour and provides a process for managing allegations against people in a position of trust in accordance with the Trusts statutory duties under the Care Act 2014, DBS and Regulation Standards.

1.1 Scope

This policy applies equally to all staff and persons working (paid or unpaid) within the Trust including those working in a temporary, voluntary, contractor, honorary or other capacity in which they are acting for and on behalf of the Trust.

1.2 Principles

To ensure all allegations concerning people in a position of trust are taken seriously, managed quickly and consistently, and that appropriate information is shared with relevant agencies and partners.

Our values, which will guide all of our actions and underpin our conduct are as follows:



It is the intention of this policy to support the delivery of these values by managers supporting our colleagues and applying these values in the application of this policy.

2. The Policy

This policy must be used in respect of all cases where it is alleged that a person, in connection with their employment or voluntary activity within or outside of the Trust, who works with children (0-18 years) or adults with care and support needs:

- Behaved in a way that has harmed, or may have harmed a child or adult with care and support needs
- Possibly committed a criminal offence against a child or adult with care and support needs
- Behaved towards a child or adult with care and support needs in a way that indicates he or she may pose a risk of harm to children or adults with care and support needs
- Engaged in any form of abuse including but not limited to physical, domestic, sexual, psychological, financial, discriminatory, organisational, modern slavery, acts of neglect/omission and self-neglect historical or otherwise which indicates that the
- Individual may not be suitable to work with children or adults with care and support needs.
- Carried out an act of neglect, abuse or omission in relation to their responsibilities under
- Their Professional Regulatory body's code of practice e.g. General Medical Council (GMC), Nursing and Midwifery Council (NMC) etc.

3. The Procedure

3.1 General Guidance

3.1.1 The Trust has a duty to ensure that all cases involving allegations concerning individuals who are in a position of trust are treated seriously and managed as quickly as possible through a fair and consistent procedure.

3.1.2 The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation which will determine where there is involvement of outside agencies such as the police, social care, local authority, regulatory/professional bodies or any other organisation.

3.1.3 Allegations can be received through a range of different routes including, but not limited to, the below:

- They may be reported into the organisation from statutory agencies investigating concerns which have been highlighted to them.
- They may arise as a result of a complaint by a service user, their family, carer or visitor.
- They may be identified as a result of a serious incident or internal investigation.
- They may come to light as part of routine Disclosure and Barring Checks.
- Staff may self-report that they are subject to protection procedures.
- They may be reported by the staff member's colleagues, family or other individuals who are concerned about behavior they have observed or heard about.

3.1.4 All allegations against people in a position of trust from service users, families, carers, visitors or friends of a service user must immediately be formally registered as complaints with the Trusts Complaints Department. Complaints of this nature must be managed in accordance with the Complaints Policy and Procedure located on Connect. The Complaints Policy requires a complainant to receive acknowledgement within 3 days and specifies additional actions which are required to ensure the Trust meets its on-going responsibilities in accordance with the principles supported by the Parliamentary and Health Service Ombudsman.

3.2 Managing Allegations

3.2.1 It is important to take all allegations against people in a position of trust seriously and treat them in a confidential and consistent manner irrespective of the route through which they have been highlighted. This includes any allegations which may have been raised anonymously. A flowchart labelled as Appendix 2 provides a summary of how allegations will be managed.

3.2.2 All Trust staff have a responsibility to manage allegations against people in a position of trust effectively and safely. There is an immediate requirement for the staff member to whom a concern has been highlighted to:

- Produce a written record of the allegation which must be dated and signed including the route through which this was highlighted.
- Register this formally as a complaint to the Complaints Team under Trust Policy (if it comes from a service user, their family, visitors or friends of a service user).
- Notify a Senior Manager (8b level and above) without delay ensuring they are immediately provided with a copy of the written record.

All staff are required to maintain confidentiality throughout the process.

3.2.3 It is recognized that staff may find it difficult to be involved in managing allegations and can access appropriate support via the Trust's Occupational Health and Well Being Service.

3.2.4 If the allegations have any safeguarding implications, the Senior Manager to whom the allegation is highlighted must contact a member of the Trust's Safeguarding Team for further advice. This may include actions which need to take place to prevent harm or address risks, including any obligation to notify other external partners or agencies. This could include the police, local authority, social services, relevant statutory or regulatory body or any other agency, individual or organisation as necessary in accordance with the Trust's obligations. Further advice on safeguarding obligations can be obtained from the Trusts Safeguarding Adults Policy and Safeguarding Children and Young People Policy located on connect following the link below

3.2.5 The Senior Manager must then ensure the matter is escalated to the People and Culture Team, immediately for advice before any action is taken.

3.2.6 To determine the action required the procedure within the Trust's Disciplinary Policy should be followed to at this point and a DMG convened who will utilise the 'Stop and Pause' Just Culture Checklist, Appendix 3 and where suspension/exclusion is being considered the DMG should utilise the 'Suspension Decision Tree' appendix 4. Any action taken will emotionally impact the employee concerned so it's important this is fully considered where appropriate. [Disciplinary Policy](#)

3.2.7 Investigation into any concerns should be carried out in accordance with the Trust's Disciplinary Policy.

3.2.8 In a situation where such a matter is raised out of normal office hours when the People and Culture Team or Safeguarding Team may not be immediately available, the Senior Manager to whom the concerns have been raised would need to contact the On-call Director who is on duty at that time, to support a discussion about any immediate steps which need to be taken in accordance with the Trust's duty of care. Again, all decisions should be taken in line with 'Just Culture' principles and the emotional wellbeing of the employee in mind.

3.2.9 Once matters being addressed have been notified to the Complaints Team by the staff member alerted to the concerns (as outlined above) it is the responsibility of the Senior Manager subsequently dealing with the management of the concerns to ensure that they regularly liaise with the Complaints Team at every stage within the process to enable the complainant to be fully informed of developments in relation to the management of the complaint.

3.2.10 It is also the responsibility of the Senior Manager to ensure the Safeguarding Team and People and Culture Team are regularly informed of any changes or developments in relation to allegations which have been highlighted in accordance with this policy. The purpose of this is to enable local records to be updated. This will include capturing any progress which has been made in the management of these issues to help support an on-going review of the concerns. This may include e.g. the assessment of risks and any other actions as necessary.

3.2.11 The Senior Manager will also be required to participate in, and prepare information, for any internal or external multi-disciplinary meetings/case conferences which may be convened as an on-going responsibility, when required to do so.

3.3 Referrals to Other Agencies/Regulatory Bodies

3.3.1 There is a legal duty for regulated activity providers and employers to make a referral to the DBS where they have permanently removed a person from regulated activity through dismissal or permanent transfer from regulated activity (or would have done if the person had not left, resigned, retired or been made redundant).

3.3.2 The senior manager overseeing the management of allegations against people in a position of trust must refer to the guidance published by the relevant regulatory body e.g. GMC, NMC etc to determine if and when any allegation of professional misconduct should be reported to them and take action accordingly. The senior manager must inform the most senior professional in the Trust from the same discipline as the person being referred, in the event that information is supplied to a registering body.

4. Responsibilities

Post(s)	Responsibilities
Line Manager Responsibilities	Managers should positively promote the policy by: <ul style="list-style-type: none"> • Explaining and advising on the policy to new and existing staff • Being responsive and supportive to any member of staff who find themselves subject to this policy • Ensuring confidentiality • Dealing with the case promptly • Provide sign-posting to additional counselling for staff who have difficulty in accepting the policy • To ensure the employee's Health and Wellbeing is considered, reviewed and the correct support put in place. • Agree amount & form of contact with employees going through the procedure. • Ensure recommendations regarding employees are implemented fully and in a timely manner.
All Staff	<ul style="list-style-type: none"> • Ensure they are fully aware of the requirements of their role, standards of conduct, behaviours and policies aligned to their role. • To comply with this policy and familiarise themselves with this policy. • Ensure that their conduct is aligned with Trust values and behaviours. • Cooperate with the Trust in any investigations • Where an allegation is made against a service user, visitor, and contractor or employee from another organisation, this should be reported immediately to their manager. • To raise any concerns with the most appropriate manager/clinical supervisor as soon as practically possible.
Trust Board	<ul style="list-style-type: none"> • Overall responsibility for developing and maintaining an open, fair and consistent culture throughout the Trust, where issues are dealt with fairly. • Awareness of employee relations KPI data reported via the Trust's People Committee
Executive Director	<ul style="list-style-type: none"> • Strategic accountability for ensuring there is compliance with this Policy and that it is applied in a fair and consistent manner. • To ensure the policy is implemented and cascaded throughout the Trust.

Service, Clinical and Corporate Directors	<ul style="list-style-type: none"> • To ensure the policy and procedure are implemented consistently within their services. • To ensure reporting Managers within their services comply with the requirements and follow processes. • To ensure appropriate monitoring takes place and where necessary take accountability for ensuring that external agencies or professional bodies are notified in line with Trust responsibilities.
People and Culture Team	<ul style="list-style-type: none"> • Responsible for providing professional HR advice and support to managers on applying this policy and procedure. • Involved in all formal stages of the procedure. • To ensure the policy is reviewed regularly & updated in line with good practice and changes in legislation • Agree with Trade Union Reps timing of interviews/hearings etc if applicable.
Trade Union Representatives	<ul style="list-style-type: none"> • To work in partnership with the Trust to ensure conduct and behaviour is in line with the Trust values and behaviours and employees are treated fairly and managed appropriately in line with the policy. • Agree with HR timing of interviews/hearings etc.
Freedom to Speak Up Guardian	<ul style="list-style-type: none"> • The Freedom to Speak Up (FTSU) Guardian role is an independent and impartial source of advice for employees at any stage in which a concern is raised with access to anyone in the organisation or if necessary, outside the organisation.
Staff Networks	<ul style="list-style-type: none"> • Familiarise themselves with this policy and procedure in order to provide advice and support, at any stage, to their members if requested to do so. • Participate in the renewal or refresh of this policy and supporting toolkits
Employee Assistance Programmes	<ul style="list-style-type: none"> • We realise that being the subject of allegations made is stressful. Counselling can play a vital role by providing compassionate support to all those involved. • If you are involved in such an allegation you may find it helpful to seek support from PAM Assist, The Trust's confidential support service that can be contacted 24 hours a day on 0800 882 4102. • There is also further wellbeing support available: Wellbeing Support

5. Development and Consultation process

Consultation summary	
Date policy issued for consultation	25/11/2021
Number of versions produced for consultation	1 Draft
Committees or meetings where this policy was formally discussed	
JOSC	09/11/2021
PDMG	12/01/2022
Transforming our Culture and Staff Experience Sub Committee	18/01/2022

Where else presented	Summary of feedback	Actions / Response
JOSC		All comments included
	Feedback received from staff networks, medics, nursing, TU, L&D and leads	Included
Consultation	FTSU and EDI lead	Included
PDMG	Add in link to Disciplinary Policy rather than text to avoid mis-information if policies change.	Included

6. Reference documents

(HR01) [Disciplinary Policy](#)

(CG 06) [Complaints Policy](#)

(R&S 26) [Safeguarding Adults Policy](#)

(R&S 34) [Safeguarding Children and Young People Policy](#)

(HR 20) [Raising Concerns Freedom to Speak Up Policy \(FTSU\)](#)

7. Bibliography:

The Care Act 2014

NHS England - Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, July 2015

8. Glossary

None

9. Audit and assurance

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements	Acting on Recommendations and Lead(S)	Change in Practice and Lessons to be shared
Has a written record of the allegation been made by the receiving officer?	HR, Managers and Safeguarding	Local record keeping	Yearly	Workforce Committee/Safeguarding Committee		
Has the Safeguarding Team been notified of the concern?	HR, Managers and Safeguarding	Local Safeguarding record	Yearly	Workforce Committee/Safeguarding Committee		

Has an acknowledgement been sent within 3 days?	Receiving officer	Local report	Yearly	Safeguarding Committee		
---	-------------------	--------------	--------	------------------------	--	--

10. Appendix 1: Equality Impact Assessment

Appendix 2: Process Flowchart (Managing Allegations - People in a Position of Trust)

Appendix 3 – Just Culture Stop and Pause Checklist

Appendix 4 – Suspension Decision Tree

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Person in Position of Trust Policy Review			
Person Completing this proposal	Helen Reynolds	Role or title	Senior HR People Partner	
Division	Corporate	Service Area	HR	
Date Started	February 2022	Date completed	March 2022	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
The Managing Allegations against a Person in a Position of Trust policy outlines the approach to be taken by us when dealing with incidents and matters of alleged breach of the policy to identify the most appropriate way of dealing with such matters. The policy provides clarification of the considerations which managers should give to an event and, if appropriate what processes and employee's rights are applicable when dealing with such matters to ensure they are dealt with fairly and consistently. The policy outlines responsibilities including those of managers, employees and Trade Union Representatives and provides clear procedures and processes that are to be followed.				
Who will benefit from the proposal?				
This policy applies to all Trust employees who hold a position of trust, including staff, volunteers, carers, Service Users, partners, external agencies				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.

Age	x			It is anticipated there will be no impact on employees due to their age as the policy ensures that all employees ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	x			Employee relations data collated over the last 2 years shows zero disabled colleagues who are in a position of trust have been subject to allegations in respect of their conduct or raised any grievances or dignity at work. The Trust will provide the necessary support and reasonable adjustments for any employee who has a disability and this may include pausing the procedure for a temporary period of time. However, this policy ensures that all employees should be treated in a fair, reasonable and consistent manner.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	x			It is anticipated that there will be no impact on employees due to their gender as the policy ensures that all employees should be treated in a fair, reasonable and consistent manner.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	x			It is anticipated that there will be no impact on employees due to their gender as the policy ensures that all employees should be treated in a fair, reasonable and consistent manner.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			It is anticipated that there will be no impact on employees due to their gender as the policy ensures that all employees should be treated in a fair, reasonable and consistent manner. The Trust will provide the necessary support and reasonable adjustments for any employee who is pregnant or on maternity, paternity or

				adoption leave and this may include pausing the procedure for a temporary period of time.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity		X		25 of the 30 cases recorded for people in a position of trust in the last two years, relate to colleagues from Black, Asian and Minority Ethnic background. In line with the Trust's ongoing commitment to ensure inclusion principles are an integral part of any process, the use of the Inclusion Advisors will ensure continued review of equality, diversity and cultural bias is maintained throughout any formal process arising from this policy which also ensures that all employees should be treated in a fair, reasonable and consistent manner.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			This policy is written to ensure that all employees should be treated in a fair, reasonable and consistent manner.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			This policy ensures that all employees should be treated in a fair, reasonable and consistent manner.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			This protected characteristic is not currently monitored as the data is not currently collected on ESR. It is anticipated that there will be no impact on Transgender or employees in Transition as a result of this policy as the policy applies to all employees, and is written to ensure all employees are treated in a fair, reasonable and consistent manner.
This will include people who are in the process of or in a care pathway changing from one gender to another				

Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	X			This policy is written in a manner to ensure that an employee's rights to dignity and respect are reinforced and maintained during any formal process that may arise as an action from this policy. It also ensures that the vulnerable people in our care are appropriately safeguarded from harm.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
			X	
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
This policy is linked to the 'just culture' approach in the disciplinary policy. The Operational People team will continue to review the policy, continue to review allegations against PIPOT to consider impacts not previously identified. The Operational People team will link in with Learning and Development to ensure this policy forms part of the safeguarding fundamental training.				
How will any impact or planned actions be monitored and reviewed?				
Safeguarding, Complaints and HR Review				

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

All employees will be treated equally, and we will take into account and provide the appropriate adjustments for the protected characteristics of each individual. The policy has been developed to ensure all employees are treated in a fair, reasonable and consistent manner. The policy ensures that an employee's rights to equality of opportunity and treatment are reinforced and maintained during any formal processes that arises from this policy. It also ensures that the vulnerable people in our care are appropriately safeguarded from harm.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on regular basics

An allegation is identified concerning an individual in a position of trust.

The staff member receiving the concern/allegation must produce a written record of the allegation which must be dated and signed, including the route through which this was highlighted, advise the complaints team if it is from a service user, their carer, friend or a visitor to enable it to be formally managed under the Complaints Policy and ensure

The Senior Manager who the matter is escalated to must contact the Safeguarding Team for further advice on priority safeguarding actions which need to take place to prevent harm.

The Senior Manager must also contact the People and Culture Team as a matter of urgency to identify what holding action, if any, needs to be undertaken in relation to the Trust's Disciplinary policy in respect of the individual's work activities and obtain advice regarding whether a formal investigation is required.

NB: In a situation where the matter is raised out of normal office hours when the People and Culture or Safeguarding Team may not be immediately available, the Senior Manager to whom the concerns have been raised must contact the Associate Director who is acting as the on-call manager on duty to support a discussion about any immediate steps which need to be taken. It is also the responsibility of the Senior Manager to ensure that they regularly liaise with the Complaints Team at every stage within the process to enable the complainant to be fully informed of developments in relation to the management of the complaint. It is also essential that they inform the safeguarding and people and culture teams of any changes/developments to enable local records to be updated and appropriate action taken in relation to the management of any risks etc. They will also need to prepare information for and attend internal/external MDT meetings or case conferences as required.

Has a decision been taken to formally investigate the matter under the Disciplinary Policy?

Senior Manager to appoint an Independent Investigating Officer supported by people and culture and manage in accordance timescales in the disciplinary policy. They must also ensure they continue to update relevant outside agencies or regulatory bodies and attend multi-agency meetings when required.

Senior Manager must ensure that the reasons for this are clearly documented and communicated to the People and Culture and Safeguarding Team.

NB: If there is a requirement to manage any identified issues through informal/other local processes it is the responsibility of the Senior Manager to ensure this is done

Formal Disciplinary Action

YES
Ensure outcomes from formal process are implemented

NO
Ensure any wider recommendations from investigation are addressed

Senior Manager to ensure that feedback is provided to complainant (if applicable) in line with policy requirements

Appendix 3 – Just Culture Stop and Pause Checklist

ndix 6

'STOP AND PAUSE' JUST CULTURE CHECKLIST

This checklist supports a conversation between managers about whether a staff member involved in an incident requires specific individual support or some other intervention in order to work in a way that is safe and does not cause harm to patients or other staff/ the public. It stresses the importance of having informal conversations at the very beginning with a focus on fairness, openness and learning rather than formal investigations. The aim is to cultivate a culture of learning from an incident rather than seeking to blame or punish.

It offers a 'stop and pause' opportunity in which environmental, organisational, cultural and contextual factors can be considered.

The checklist should be used by the Divisional Decision-making Group (DMG) BEFORE a decision to formally investigate an incident/ individual is made

Start HERE- Q1. Capability or Conduct test

- 1a. Are there indications that the individual can't, rather than won't, do or act in the way that is expected?
- 1b. Are there indications that the individual is struggling with aspects of the job, because they are new, have been away from work for a while or have failed to adapt to new systems/ ways of working?
- 1c. Are there other signs that the individual is struggling with the pace, complexity or demands of their job?



Yes to any?

Recommendation:
Follow the organisational guidance on supporting and addressing staff performance and capability – 'Working Better Together Capability Process'

END HERE

No go to next question - Q2. Deliberate harm test

- 2a. Was there any intention to cause harm?
- 2b. Was there any intention to knowingly and unreasonably increase risky violating known procedures?



Yes to any?

Recommendation: Follow organisational guidance for appropriate management action. This could involve: contact relevant regulatory bodies, suspension of staff and referral to police and disciplinary processes. Wider investigation may also be needed to understand how and why patients or staff were not protected from the actions of the individual

END HERE

No go to next question - Q3. Health test

- 3a. Are there indications of substance abuse?
- 3b. Are there any indications of physical ill health? 3c. Are there any indications of mental ill health?



Yes

Recommendation: Follow organisational substance at work guidance. Wider investigation still needed to understand if substance abuse could have been recognised/ addressed earlier

END HERE



Yes

Recommendation: Follow organisational guidance for health issues affecting work, which is likely to include occupational health referral. Wider investigation still needed - to understand if health issue could have been recognised/ addressed earlier

END HERE

if No to all go to the next question- Q4. Foresight test

- 4a. Are there agreed protocols/ accepted practice/ standards in place that apply to the action/ omission in question?
- 4b. Were the protocols/ accepted practice/ standards workable and in routine use?
- 4c. Did the individual know these protocols/ standards and knowingly depart from them



if No to any

Recommendation: Action singling out the individual is unlikely to be appropriate. Follow up actions may include developing, sharing, promoting protocols and standards to the individual and the wider team

END HERE

if Yes to all go to next question - Q5. Substitution test

- 5a. Are there indications that other individuals from the same peer group, with similar experience and qualifications would behave in the same way?
- 5b. Was the individual missed out when training was provided to their peer group?
- 5c. Did more senior members of the team fail to provide supervision that normally is provided?



if Yes to any

Recommendation: Action singling out the individual is unlikely to be appropriate. Follow up actions may include offering further training, guidance and supervision to the individual and/ or the wider team

END HERE

if No to all go to next question - Q6. Mitigating circumstances

- 6a. Were there any significant mitigating circumstances



Yes

Recommendation: Action directed at the individual may not be appropriate. Consider what management action may be required.

END HERE

if No

Recommendation: Discuss and agree the appropriate management action. This could involve individual training, performance management, restorative conversation, competency assessments, changes to role or increased supervision, and may require relevant regulatory bodies to be contacted, staff suspension and disciplinary processes.

END

Appendix 4 – Suspension Decision Tree

