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**MANAGING SAFEGUARDING ALLEGATIONS AGAINST STAFF POLICY**

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| Version: | 1.1 |
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**MANAGING SAFEGUARDING ALLEGATIONS AGAINST STAFF POLICY**

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**MANAGING ALLEGATIONS AGAINST STAFF POLICY**

**VERSION CONTROL**

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**MANAGING ALLEGATIONS AGAINST STAFF**

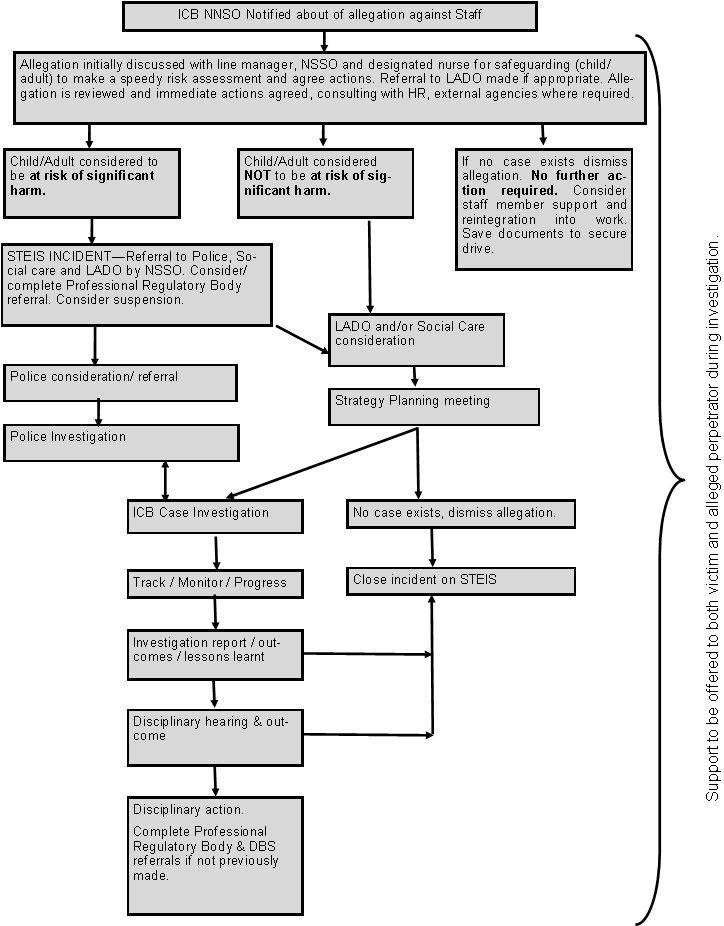
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| --- | --- | --- |
| **1** | **PURPOSE** | |
|  |  | |
| 1.1 | This policy applies to all NHS Somerset Integrated Care Board (ICB) staff, and anyone working on behalf of, or undertaking work or volunteering for the ICB. It provides a framework to ensure appropriate actions are taken to manage allegations against ICB staff as a Person in a Position of Trust (PiPoT), regardless of whether they are made in connection to duties fulfilled for the ICB, or if they fall outside of this, such as in their private life or any other capacity. | |
| 1.2 | The framework provides a structure for managing cases where allegations are made about ICB staff that indicate that children, young people or adults at risk are believed to have suffered or are likely to suffer harm. Concerns may also be raised if the staff member 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 capacity. The allegation or issue may arise either in the employees’/professionals’ work or private life. Examples include:   * Commitment of a criminal offence against or related to children, young people or adult with care and support needs. * Failing to work collaboratively with social care agencies when issues about care of children, young people or adult with care and support needs for whom they have caring responsibilities are being investigated. * Behaving towards children, young people or adult with care and support needs, in a manner that indicates they are unsuitable to work with children, young people or adults at risk of harm or abuse. * Where an allegation or concern arises about a member of staff, arising 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 made against someone closely associated with a member of staff such as a partner, member of the family or other household member. | |
| 1.3 | | This policy should be read alongside the ICB’s Safeguarding Adult and Safeguarding Children Policies; the ICB Domestic Policy and associated SOP and the ICB Supporting Colleagues who are at risk of Domestic Abuse Policy. | |
| **2** | | **LEGISLATION** | |
|  | |  | |
| 2.1  2.2  2.3  2.4 | | This policy is focused on management of risk, based on assessment of harm and abuse. The Children Act (1989/2004) and the Care Act (2014) outline the definitions of harm.  There are four categories of child abuse:   * Neglect * Sexual * Emotional * Physical.   There are ten categories of abuse for adults:   * Physical Abuse * Sexual Abuse * Domestic Abuse * Psychological / Emotional Abuse * Financial * Modern Slavery * Neglect and Acts of omission * Self-Neglect * Discrimination * Organisational abuse.   The statutory duty to effectively manage allegations is covered by section 11, Children Act (2004) and is further highlighted in Working Together (2018) guidance - chapter 2, paragraphs 4-9, pp 60-61.  The Care Act 2014 requires the local authority, relevant partners and those providing care and support services to have clear policies in place for dealing with allegations against anyone working in a position of trust. These policies should clearly distinguish between an allegation, an issue that relates to conduct or behaviour, a practice concern, a complaint and a care quality issue. | |
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| **3** | | **SCOPE** | |
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| 3.1 | | This policy applies to all employees and contractors of the ICB, including staff seconded into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract. Performers registered on the National Performers List are also included. This list is not exhaustive but encompasses all who work for and on behalf of ICB. | |
| 3.2 | | For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as “staff” in this document. | |
| 3.3 | | This policy covers the management of allegations made against staff in the course of their ICB duties and outside of this, including their private life and family home. It does not cover the management of concerns raised about the quality of care and/or practice, or the management of complaints. | |
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| **4** | | **MANAGING ALLEGATIONS – IMMEDIATE ACTIONS** | | |
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| 4.1 | | There are three strands to consider when responding to an allegation made against a staff member. What, if any, of the following should be undertaken:   * Enquiries and assessment by children/adult Social Care, about whether a child/young person/ adult at risk of harm or abuse, is in need of protection or in need of services. * A police investigation of a possible criminal offence. * Consideration of disciplinary action (including suspension). | | |
| 4.2 | | The safety of the child, young person or an adult at risk is of paramount importance. Any concern that children, young people or adults may be at risk of harm or abuse, must immediately be reported. Reputational issues must be managed appropriately by discussion with the communications team. Actions may be needed to safeguard the integrity of any required investigations, such as securing relevant evidence. | | |
| 4.3  4.4  4.5  4.6 | | All staff must be familiar with safeguarding referral procedures to protect an adult/child at risk. The concern must also be reported to the staff member’s line manager, who should take advice from the ICB Strategic Safeguarding Team/ HR. (Appendix 1 provides a summary of the process to be followed).  The ICB will have a Nominated Safeguarding Senior Officer (NSSO) of significant seniority to make decisions on behalf of ICB who will act as the point of contact to identify, lead and co-ordinate investigations. This is the Chief Nursing Officer. They may choose to delegate responsibility to the Associate Director of Safeguarding or a specific professional from within the ICB Strategic Safeguarding Team.  The ICB will need to understand and work in conjunction with the local multi-agency policies and procedures and with the NHSE Safeguarding Accountability and Assurance Framework.  The ICB Designated Nurse for Safeguarding who will support the NSSO and may undertake the investigation on behalf of the ICB alongside HR if required. | | |
| 4.7 | | The Somerset Safeguarding Children Partnership and Safeguarding Adult Board have their own websites which set out the multi-agency policies and procedures for safeguarding children/young people/ adults at risk of harm or abuse. | | |
| 4.8  4.9  4.10 | | The Local Authority has a Designated Officer (LADO) to provide advice and guidance to organisations who are investigating allegations against staff that involve harm / risk of harm against children; this role plays a critical part in terms of working in partnership with the NHS to manage risk and was cited as the critical relationship in the Savile investigations.  Depending on the nature of the allegation, the LADO Service will liaise with Somerset Children’s Social Care and/or Avon & Somerset Police, before advising the agency / organisation / school who have made a referral.  It is also the remit of the LADO Service to monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. | | |
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| 4.11 | | A Serious Incident report of the allegation against a healthcare or non- healthcare professional should be reported on the Strategic Executive Information System (STEIS), within two working days of the incident being identified. | | |
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| 4.12  **5** | | Any action taken by the ICB to manage an allegation must not jeopardise any external investigations, such as a criminal investigation and advice may need to be taken from other stakeholders e.g. the Police in such circumstances and before any ICB procedures begin, to avoid for example evidence being destroyed.  **PROCEDURE FOR REPORTING AND MANAGING ALLEGATIONS: ICB STAFF** | | |
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| 5.1 | | It is essential that every effort is made to maintain confidentiality and manage communications sensitively while an allegation is being investigated. To this end all communication should be directed to the NSSO in the first instance. | | |
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| 5.2  5.3  5.4  5.5 | | The NSSO) or to the named person with delegated responsibility should:   * Ensure (if appropriate) that a child protection/adult at risk referral is made (or has been made) to the local authority, Children/Adult Social Care Team and where appropriate the Police (see below). * Discuss and agree with the referrer who will notify the Local Authority Designated Officer (LADO) (this must occur within ONE working day of the disclosure being made/ concern being reported). * Ensure a notification to the LADO is made by completing an Allegations Reporting Form (ARF) found on Somerset Safeguarding Children Partnership <https://somersetsafeguardingchildren.org.uk/working-with-children/allegations-management/> * Where the issue is in relation to an adult at risk of harm or abuse, the NSSO will discuss the case and allegations with the Police and the relevant Adult Social Care department manager and identify which agency will lead on the investigation * Contact HR for ICB directly employed staff the NSSO for advice regarding the action to be taken in relation to the employee. HR advice will also be pertinent to staff who are agency, secondees, or self-employed staff working on behalf of ICB * In conjunction with HR and the staff member’s line manager, decide whether suspension is appropriate during the period of investigation. HR will advise on the authority levels and process requirements for this action. * Liaise with HR who will advise whether the ICB disciplinary procedure is to be followed, or, in the case of a Performer, reported as per the Performers List Regulations, in which case, the NHSE Medical Director should be contacted for advice: <https://www.england.nhs.uk/publication/framework-for-managing-performer-concerns/> * Consider relationship between reporter of allegations, victim and perpetrator. * Ensure support needs of both reporter of allegation and potential victim(s) is considered, particularly as they may not be the same person.   Following notification to the children/adult Social Care and/or the Police, if deemed necessary, the NSSO / or delegated responsible professional should undertake an internal (Strategy) Planning Meeting (see below) with the appropriate personnel to decide how to manage the allegation. The LADO should attend this meeting. This group should include the Line Manager and a senior member of staff from that Directorate; Nominated Safeguarding Senior Officer; Designated Safeguarding Professional; and a senior member of staff from the relevant HR department (e.g., NHSE/I or ICB) to offer specific HR advice.  The ICB NSSO will consider reporting to NHSE SW Safeguarding Team if the incident is particularly complex, is likely to generate regional or national media interest or result in significant reputational damage.  If the NSSO is the alleged perpetrator the concern should be reported to whoever they are accountable to i.e Chief Executive. The Chief Executive will then assume the roles and responsibilities of the NSSO. | | |
|  | |  | | |
| **6** | | **(STRATEGY) PLANNING MEETING.** | | |
| 6.1  6.2  6.3  6.4  6.5 | | The NSSO is responsible for convening a meeting to consider and record immediate actions to prevent further harm to the victim or others at risk, alongside support for both the victim and staff member alleged as the person causing harm.  The nature of the allegation will determine which agencies should be present at the meeting.  Actions required should be discussed and lead agencies identified alongside a timescale for the completion of agreed actions. An agreement should be made on what further meetings need to take place and who will be required to attend.  The managing safeguarding allegations against staff strategy meeting template can be used to support this meeting - Appendix 3.  **If the staff member has left the ICB the above process will still need to be followed to prevent abuse being perpetrated in another location.** | | |
| **7** | | **PROCEDURE FOR REPORTING/MANAGING ALLEGATIONS: NON- DIRECTLY EMPLOYED STAFF** | | |
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| 7.1 | | As detailed in the lessons learnt report into Savile by Kate Lampard QC (2015), if a safeguarding allegation is made against a worker working for ICB who is not directly employed by ICB, the allegation must also be shared with their employer or the body that engaged them at the earliest opportunity. | | |
|  | |  | | |
| 7.2  7.3  7.4 | | The NSSO should be appointed for such allegations and undertake the duties set out in section 5.2 above.  The Process flow chart at Appendix 1 should be followed for all cases.  The NSSO will need to engage with the other relevant parties outlined above to decide how the allegation should be managed. These scenarios are likely to be complex and the NSSO should take early advice from the ICB Strategic Safeguarding Team and HR leads. It is recommended that a meeting is held between the ICB and other involved parties at the earliest opportunity, noting the responsibility to report issues to the Police and/or Social Care teams within 24 hours of the allegation being received. Such parties should be asked to attend the strategy meeting. | | |
|  | |  | | |
| 7.5 | | For contracted staff such as GPs the local NHSE Medical Directorate should be informed so that the case can be reviewed and investigated for consideration by NHSE as to appropriate action and potential referral to the GMC. Cases may involve a joint investigation between the ICB and GMC. | | |
|  | |  | | |
| 7.6 | | Despite the fact that allegations against such workers should be reported as above, the ICB still retains a responsibility to consider how the allegations should be managed if the allegation has a connection with, or relevance to, the duties that the worker undertakes with the ICB. All such allegations also need to be reported and escalated by the lead ICB manager in accordance with the requirements of this policy. | | |
|  | |  | | |
| 7.7 | | Assumptions should not be made that the other party has referred the matter to the Police or relevant other body - evidence needs to be promptly provided and if this is not forthcoming then the ICB NSSO dealing with the case should do so on behalf of the ICB and advise the other party accordingly. | | |
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| **8** | | **DISCLOSURE AND BARRING SERVICE (DBS)** | | |
|  | |  | | |
| 8.1  8.2  8.3  8.6 | | As an employer of staff in a ‘regulated activity’ the ICB also has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006. Managers must report concerns to their local HR team, who should seek advice from the ICB Strategic Safeguarding Team or, directly through the NSSO. The following groups may be referred for information to the Disclosure and Barring Service:   * If an employee or worker of ICB has been permanently removed from ‘regulated activity’ through dismissal or permanent transfer from ‘regulated activity’, or where they would have removed or transferred that person from regulated activity if they had not left, resigned, retired or been made redundant; and * They believe the person has: * engaged in ‘relevant conduct’ * satisfied the ‘harm test’ (i.e., no action or inaction occurred but the present risk that it could occur was significant); or * Received a caution or conviction for a ‘relevant offence’ (see DBS website).https://www.gov.uk/government/organisations/disclosure-and-barring-service   The ICB’s Disciplinary Procedure (2023) provides further information on the procedures to be followed.  A referral to the DBS should be made following initial information gathering to establish whether there is cause for concern. A referral should be made even if the person in question has left the ICB before an investigation and/or disciplinary process has been completed. However, it is important to note that the DBS has no investigatory powers and therefore relies upon evidence supplied to it. Managers therefore have a responsibility to complete investigations as far as possible, even where the individual leaves before investigations can be completed, so that the DBS has enough substantiated evidence on which it can base its decision.  If additional information becomes available after making a referral this should also be provided to the DBS. The referral should be made using the DBS referral form and posted to the DBS enclosing all relevant information held. Please see further guidance and information at <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance> | | |
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| **9** | | **RECORD KEEPING** | | |
|  | |  | | |
| 9.1  9.2 | | The NSSO will have the responsibility for ensuring the following records are kept :   * The nature of the allegation/concern * Who was spoken to as part of the process and what statements/notes were taken and when, preferably verbatim * Any records that were seen and reviewed * What actions were considered and justification for specific decisions, including suspension and any actions taken under the ICB 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 the ICB Record Keeping Policy). A record keeping checklist is provided in Appendix 2. | | |
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| 9.3 | | All records should be saved on the secure safeguarding drive by the NSSO and not on personal drives as they may need to be accessed. The folder access should be restricted to certain personnel on the shared drive. | | |
|  | |  | | |
| 9.4  **10** | | For these particular records:   * Ensure the files are appropriately named. * The retention period is unlimited due to the risk of further disclosures in the future * Save in an agreed area and apply security measures to the records as they contain personal information * Remember that emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the file accordingly.   **POST INVESTIGATION REVIEW** | | |
| 10.1  10.2  10.3  **11**  11.1  11.2  11.3  11.4  11.5  11.6  11.7 | | Following the completion of the initial investigation, the NSSO will lead a review of the case and its actions.  Any recommendations from the review will be implemented and information disseminated to the appropriate people and teams within the organisation and local safeguarding forums for wider learning.  As well as supporting the member of staff throughout the investigation, consideration must be paid to supporting the member of staff through integration back into the workplace should this be appropriate post-investigation. Ongoing support for the member of staff may be provided through the Employee Assistance Scheme: <https://www.my-eap.com/access>  **MONITORING**  The ICB safeguarding team will carry out bi-annual audit of the allegations against staff investigated to establish if amendments are required to the process. This review will include looking at the paperwork completed, and the effectiveness of the actions planned.  The ICB Quality Committee will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.  Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Quality Committee will then consider the need to review the policy or procedure outside of the agreed timescale for revision.  For ease of reference for reviewers or approval bodies, changes should be noted in the ‘document history’ table on the front page of this document.  If the review consists of a change to an appendix or procedural document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.  The Quality Committee, along with the Information Governance team will ensure that archived copies of superseded policy documents are retained in accordance with the most current DH Records Management: Code of Practice.  In addition to archiving of policy documents, all records relating to safeguarding enquiries and investigations should be stored in accordance with the most current Records Management Code of Practice. This provides a framework for consistent and effective records management based on established standards. | | |

**12 BIBLIOGRAPHY AND REFERENCES**

* Care Act 2014 Statutory Guidance Care and support statutory guidance - GOV.UK (www.gov.uk) Department of Health and Social Care
* Children Act 1989 - GOV.UK (www.gov.uk)
* Children Act 2004 - GOV.UK (www.gov.uk)
* Disclosure and Barring Service Disclosure and Barring Service - GOV.UK ([www.gov.uk](http://www.gov.uk))
* Domestic Abuse Act 2021 (legislation.gov.uk) Department of Health and Social Care
* Human Rights Act 1998 Human Rights Act 1998 (legislation.gov.uk) London: HMSO
* NHS Employment Check Standard Employment checks - NHS Employers NHS Employers
* NHS standard contract NHS England » 2020/21 NHS Standard Contract NHS England and NHS Improvement 2021
* Safeguarding children, young people and adults at risk in the NHS:
* Safeguarding accountability and assurance framework NHS England and NHS Improvement 2022
* Somerset Safeguarding Adults Board Somerset Safeguarding (safeguardingsomerset.org.uk)
* Somerset Safeguarding Childrens Board (somersetsafeguardingchildren.org.uk)
* Working together to safeguard children 2018 – GOV.UK (www.gov.uk**)**

**APPENDIX 1**

**Allegations Management Flowchart**

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**APPENDIX 2**

**Record Keeping Checklist**

The NSSO or Designated Lead Nurse will have the responsibility for ensuring that records are kept throughout the investigation of the allegation/concern. This checklist reflects the information needed, but this is not exhaustive:-

• The nature of the allegation/concern.

• Who was spoken to and when as part of the process and what statements/notes were taken.

• What records were seen and reviewed.

• Why specific decisions/actions were taken, including suspension and any actions taken under the ICB Disciplinary Procedure, and any support provided to alleged victim and reporter of allegation.

• 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investigation title/identifier:** | | | | |
| **Name of Lead Investigator:** | | | | |
| Statements and notes | | Date…………………  Identify where documents are stored | | |
| Actions taken  Record alternatives considered and why | | Date…………………  Identify where documents are stored | | |
| Minutes and records of all relevant meetings | | Date…………………  Identify where documents are stored | | |
| Action taken | Yes/No/NA | | Date | Name of key contact |
| STEIS completed |  | |  |  |
| LADO contacted |  | |  |  |
| Police contacted |  | |  |  |
| Social Care contacted |  | |  |  |
| Human Resources contacted |  | |  |  |
| Performance List |  | |  |  |
| Suspended |  | |  |  |
| Evidence Secured |  | |  |  |
| Support provided to victim |  | |  |  |
| Support provided to alleged perpetrator. |  | |  |  |

**APPDENDIX 3**

**Managing safeguarding allegations against staff strategy meeting template**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of meeting** | | | | | |
|  | | | | | |
| **Nature of allegation/concern** | | | | | |
|  | | | | | |
| **Meeting convened by** | | | | | |
|  | | | | | |
| **Individuals or organisations invited/attended** | | | | | |
| Name | Organisation | | Contact details | | Attended |
|  |  | |  | |  |
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| **Summary of allegation** | | | | | |
|  | | | | | |
| **Actions to be considered** | | | | | |
| **Further risk of harm to victim and actions taken to reduce risk e.g., Safeguarding referrals, signposting for relevant support, report to police.** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Are other individuals at risk of harm?** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Impact on individual reporting allegation?** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Impact to staff members and support required** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Clarification of the internal investigation** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Police involvement** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Social care involvement** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Referral to appropriate professional body such as General Medical Council (GMC) for doctors, or the Nursing and Midwifery Council (NMC) for nurses.** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Contact with alleged perpetrator (staff member) and how allegation is to be presented** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Support for alleged perpetrator (staff member) including occupational health and signposting to GP.** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Contact with victim and how information is going to be shared. Consider human rights act, data protection act and awareness of possible “contamination” of ongoing investigations** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Agree a communication strategy in terms of handling of any queries from the media concerning the allegation and agree who will link with the ICB Communication Team to action this.** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Datix completion** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Information sharing with senior management team** | | | | | |
| **Description:** | | **Agreed Action:** | | **Lead Agency:** | **Agreed target date:** |
| **Is a further meeting required (if not explain why not)** | | | | | |
|  | | | | | |
| **When and where will this take place?** | | | | | |
|  | | | | | |
| **Who will be responsible for organising it?** | | | | | |
|  | | | | | |