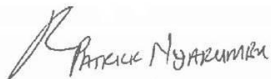




Managing Safeguarding Allegations concerning People in a Position of Trust (PIPOT) Policy

Policy number and category	HR37	People and Culture
Version number and date	4	November 2025
Ratifying committee or executive director	Transforming Culture and Staff Experience Sub Committee	
Date ratified	January 2026	
Next anticipated review	January 2029	
Executive director	Executive Director of Strategy, People & Partnerships	
Policy Lead	Assistant People Partner	
Policy author (if different from above)		
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	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.

Change Record

Date	Version	Author	Reasons for review / Changes incorporated	Ratifying Committee
02.25	3	Graduate Management Trainee	Update of policy in line with usual schedule. Formatting updated and in-line content from disciplinary policy removed to avoid duplication. Incorporation of feedback received during consultation. Please see Section 5 for detail.	TCSE

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1. Introduction

1.1 Rationale

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.

Furthermore, Working Together to Safeguard Children (2023) requires the Trust to ensure effective arrangements are in place to ensure that allegations of abuse against people who work with children are managed safely including cooperating with the Local Authority Designated Officer (LADO). Section 11 of the Children's Act (2004) places a duty on the Trust to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, which includes clear policies for dealing with allegations against people who work with children.

1.2 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, learning (such as trainee or student) or other capacity in which they are acting for and on behalf of the Trust.

1.3 Principles

Birmingham and Solihull Mental Health Foundation Trust is committed to creating a positive workplace culture where everyone takes responsibility for their behaviour and contributes to a supportive environment. All BSMHFT people will treat each other fairly, consistently and resolve matters promptly.

Our people are guided by the people of our community which are:



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
- Been made subject of a formal safeguarding enquiry into allegations of abuse or neglect (including within their personal life).
- 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

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.

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.

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

- A staff member may disclose that an allegation has been made against them.
- 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 behaviour they have observed or heard about.

Persons in Positions of Trust have a duty to notify the Trust, through discussion with an appropriate manager, of any safeguarding allegation raised against them (be that in the personal or professional setting).

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.

Allegations against a Person in a Position of Trust may also relate to an act of fraud; which is when someone abuses their position of authority or trust for personal or financial gain, or so that someone else loses money or status. For more information please see the Anti-Fraud, Bribery and Corruption Policy (CG22).

A person may be liable for Section 4 Fraud by Abuse of Position if they:

- occupy a position in which they are expected to safeguard, or not to act against, the financial interests of another person,
- dishonestly abuses that position, and
- intends, by means of the abuse of that position:
- to make a gain for themselves or another, or
- to cause loss to another or to expose another to a risk of loss.

A person may also be regarded as having abused their position even if their conduct consisted of an omission rather than an act.

3.2. Managing Allegations

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.

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

It is recognised that staff may find it difficult to be involved in managing allegations and can access appropriate support via the Occupational Health Provider.

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 (including LADO), 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

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

To determine the action required the Trust's Disciplinary Policy should be followed at this point. This will likely involve undertaking a fact-find, the finding of which may indicate that the matter should be escalated to a Decision-Making Group.

In some circumstances, a complaint raised may not specify an individual, for example a service user may raise a complaint against a nurse but not know the details of that staff member. In such cases, the senior manager or an appropriate delegate should undertake relevant fact-finding, in accordance with the informal stages of the Disciplinary Process, to assess who may have been involved.

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 Strategic Leader 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.

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.

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.

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. Information Sharing and Onward Referrals

Where the Trust holds intelligence that the potential future conduct of a Person in a Position of Trust may represent a safeguarding risk, then the Trust has a duty to consider whether this intelligence should be shared with third-party organisations to reduce the risk of harm.

This duty applies in all circumstances, including situations where an involved colleague leaves the employment of the Trust whilst an issue is being explored.

A third-party organisation may be any organisation in which the Trust believes a person to be involved that will likely bring the individual into contact with children or vulnerable adults. These organisations may include, but are not limited to, employers, voluntary organisations and educational bodies.

With due regard to the need to maintain appropriate confidentiality, the need to share information will be based on a reasonable belief, reached through adequate fact-finding, that an individual may pose a risk to adults or children within another service.

Information sharing with a third-party organisation will only be undertaken by the senior manager overseeing the matter or a suitable delegate, following discussion with the Safeguarding Team and People and Culture Team. Further advice may be sought from the Information Governance and Legal teams.

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).

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 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, if information is supplied to a registering body.

4. Responsibilities

Post	Responsibilities
Line Managers	- Clearly explain the PIPOT policy to all staff, ensuring new and existing team members understand what is expected. - Provide practical and emotional support to any staff member affected by an allegation, including signposting to counselling or wellbeing services. - Maintain strict confidentiality throughout the process, protecting the privacy of all involved. - Act quickly and fairly when a case arises, making sure staff wellbeing is considered and the correct support is put in place. - Agree with affected employees how and when contact will be

Post	Responsibilities
	maintained during the process. • Ensure any recommendations or actions relating to staff are carried out fully and without unnecessary delay.
All Staff	• Take time to understand the requirements of your role, including standards of conduct and relevant policies. • Read and familiarise yourself with the PIPOT policy, and follow it in your work. • If you become aware of an allegation involving a service user, visitor, contractor, or staff member from another organisation, report it immediately to your manager. • Raise any concerns about safeguarding or conduct with your manager or clinical supervisor as soon as possible.
Trust Board	• Lead by example in creating an open, fair, and consistent culture across the Trust, where concerns are addressed transparently. • Monitor key data about employee relations and ensure it is regularly reviewed by the People Committee. • Take overall responsibility for making sure the policy is kept up to date and fit for purpose. • Ensure that issues are dealt with fairly and consistently, setting the tone for the organisation.
Executive Director	• Take strategic responsibility for making sure the policy is followed across the Trust. • Ensure the policy is applied fairly and consistently in all cases. • Make sure the policy is communicated and understood throughout the organisation. • Oversee the implementation of the policy and hold teams accountable for compliance.
Service, Clinical and Corporate Directors	• Make sure the policy and procedure are followed consistently within their services. • Support managers in their teams to comply with the policy and follow correct processes. • Monitor how the policy is being used and, when necessary, ensure external agencies or professional bodies are notified in line with Trust responsibilities. • Take accountability for ensuring that all required notifications and reports are made promptly and accurately.
People and Culture Team	• Provide expert HR advice and support to managers dealing with PIPOT cases. • Be involved in all formal stages of the procedure, ensuring fairness and consistency. • Regularly review and update the policy to reflect best practice and changes in legislation. • Help managers and staff understand and apply the policy correctly.
Trade Union Representatives	• Work collaboratively with the Trust to ensure staff conduct and behaviour align with Trust values. • Support employees to ensure they are treated fairly and managed appropriately under the policy. • Advocate for staff rights and fair processes during investigations. • Help resolve issues by working in partnership with management.
Freedom to Speak	• Act as an independent and impartial source of advice for any

Post	Responsibilities
Up Guardians	employee who has concerns. • Support staff at any stage of raising a concern, offering guidance and reassurance. • Provide access to advice both within the organisation and, if needed, externally. • Promote a safe and open environment where staff feel comfortable speaking up.

5. Development and Consultation Process

Consultation summary		
Date policy issued for consultation		March 2025
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
Joint Operational Staffing Committee JOSOC		
Policy Development Management Group PDMG		
Where else presented	Summary of feedback	Actions / Response
Workforce Consultation	Recommended updating flowchart to reference banding for clarity on the level of a senior manager.	Flowchart updated
Workforce Consultation	Recommend inclusion of clarity on escalation route out of hours – whether to tactical or strategic manager.	Reference updated.
Workforce Consultation	Recommended clarity be provided on the approach to be taken in a situation where an allegation is raised but the individual is not immediately identified.	Included in Section 3.
Local Counter Fraud Specialist	Recommended clarification of the definition of PIPO from the counter-fraud perspective.	Included in Section 3.
Associate Director of Safeguarding	Recommended creation of a Standard Operating Procedure to support the management of allegations and associated documents in relation to third parties (e.g. employees of a different Trust)	Approved for creation and drafting underway.

6. Reference Documents

The following internal documents are referenced by this policy and can be accessed via CONNECT (https://nhs.sharepoint.com/sites/RXT_Connect):

- Complaints Policy and Procedure
- Anti-Fraud, Bribery and Corruption Policy (CG22)
- Safeguarding Adults Policy
- Safeguarding Children and Young People Policy
- Disciplinary Policy

The following external documents are referenced in this policy and can be accessed externally:

- The Care Act 2014 <https://www.legislation.gov.uk/ukpga/2014/23>
- Children's Act 2004 (Section 11)
<https://www.legislation.gov.uk/ukpga/2004/31/section/11b>
- Working Together to Safeguard Children (2023)
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Disclosure and Barring Service (DBS) Referral Guidance
<https://www.gov.uk/government/collections/dbs-referral-guidance>
- Professional Regulatory Codes (e.g., GMC, NMC)

7. Bibliography

The following resources were considered in the creation of this policy:

- The Care Act 2014
- Working Together to Safeguard Children (2023)
- Children's Act 2004 (Section 11)
- Disclosure and Barring Service (DBS) Referral Guidance
- General Medical Council – Good Medical Practice
- Nursing and Midwifery Council – Code of Professional Standards
- NHS England – Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015)

8. Glossary

Term	Definition
Person in a Position of Trust (PIPOT)	Any staff member or person working (paid or unpaid) for or on behalf of the Trust, including temporary, voluntary, contractor, honorary, or student roles.
Allegation	A concern that an individual in a position of trust has behaved in a way that may have harmed a child or adult, committed a criminal offence, indicates risk of harm, or engaged in abuse or

Term	Definition
	neglect.
Safeguarding Team	The Trust's specialist team providing advice on safeguarding responsibilities, required actions, referrals, and external notifications.
Local Authority Designated Officer (LADO)	The statutory officer responsible for coordinating responses to allegations against people working with children.
Senior Manager (Band 8b+)	The manager responsible for immediate actions following an allegation, including record-keeping, safeguarding contact, escalation, and coordination.
Complaints Team	The Trust function responsible for registering and managing complaints raised by service users, families, carers, or visitors.
Decision-Making Group (DMG)	A group convened to determine whether an allegation should progress formally under the Disciplinary Policy.
Fact-Find	An initial information-gathering process undertaken to establish the details of an allegation before determining next steps.
Regulated Activity	Work that involves close and unsupervised contact with vulnerable adults or children, where organisations have a legal duty to make DBS referrals.
DBS Referral	A mandatory notification to the Disclosure and Barring Service when an individual is removed from regulated activity due to risk of harm.
Professional Regulatory Body	Organisations such as the GMC or NMC that set professional standards and may require notification of allegations relating to misconduct.

9. Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Has a written record of the allegation been made by the receiving officer?	HR, Managers and safeguarding	Local record keeping	Yearly	Workforce Committee/ Safeguarding Management Board
Has the Safeguarding Team been notified of the concern?	HR, Managers and safeguarding	Local safeguarding record	Yearly	Workforce Committee/ Safeguarding Management Board
Has an acknowledgment been sent within 3 days?	Receiving officer	Local report	Yearly	Safeguarding Management Board

Appendix 1 Equality Impact Assessment

Title of Policy	Managing Safeguarding Allegations Concerning People In A Position Of Trust		
Person Completing this policy	Aiyswaryaa Saseekaran	Role or title	Graduate Management Trainee
Division	Strategy, People and Partnerships	Service Area	People and Culture
Date Started	November 2025	Date completed	January 2026
Main purpose and aims of the policy 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 sets out the procedures we follow when addressing incidents and alleged policy breaches, ensuring that each matter is handled in the most appropriate manner.			
Who will benefit from the policy?			
This policy applies to all Trust employees who hold a position of trust and includes staff, volunteers, carers, service users, partners, external agencies.			
Does the policy affect service users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
This policy ensures that complaints involving individuals in positions of trust are addressed with the utmost seriousness. It enables service users, their families, and employees to report concerns confidently, knowing that all reports will be taken seriously and pertinent information will be appropriately shared with relevant parties.			
Does the policy significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i>			
There are no significant changes proposed by this policy.			
Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i>			
Not Applicable			

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>		<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>		
Please click in the relevant impact box and include relevant data				
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	✓			There is no expected impact on employees based on age, as the policy guarantees that all employees will be treated fairly, reasonably, and consistently regardless 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 policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	✓			7.0% of our people have declared a disability to the Trust and 15.8% have not answered the question. Employee relations data collated over the last few 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.

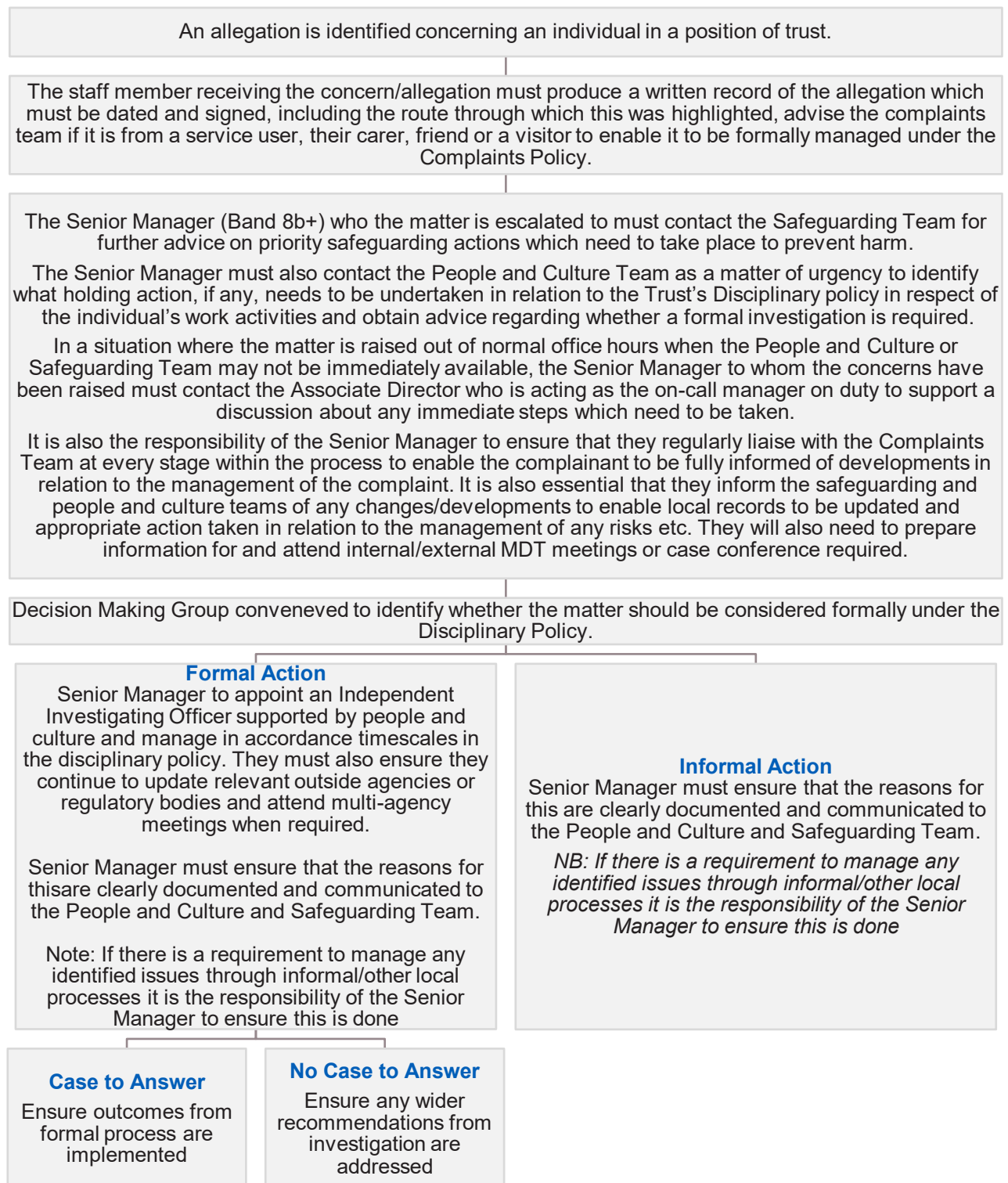
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	✓			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 policy?				
Marriage or Civil Partnerships	✓			This is a protected characterises however, this is not recorded. 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	✓			This is a protected characterises however, this is not recorded. It is anticipated that there will be no impact on employees due to their pregnancy 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.
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		✓		49% of Trust people are from global majority backgrounds.12% of this data is unknown. 25 of the 30 cases recorded for people in a position of trust in the last two years relate to colleagues from a Global Majority 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	✓			This policy is written to ensure that all employees should be treated in a fair, reasonable and consistent manner and is expected to have no impact due to religion or belief.
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	✓			This characteristic is protected; however, the Trust maintains only limited information regarding this demographic group. This policy ensures that all employees should be treated in a fair, reasonable and consistent manner regardless of sexual orientation and anticipated that there will be no impact on employees due to their sexual orientation.
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	✓			This protected characteristic is not currently monitored because corresponding data is not collected on ESR. There is no anticipated impact on transgender employees or those in transition, as this policy is applicable to all staff members and is designed to ensure fair, reasonable, and consistent treatment for everyone.
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 policy or service?				
Human Rights	✓			This policy is designed to uphold employees' rights to dignity and respect throughout any formal processes initiated under its provisions. Additionally, it ensures that vulnerable individuals in our care are safeguarded appropriately 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)				
		No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
			✓	
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 policy 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?
The Operational People team will continue to review the policy, continue to review allegations against PIPOT to consider impacts not previously identified.
How will any impact or planned actions be monitored and reviewed?
Safeguarding complaints and regular policy updates from feedback from staff and changes to any Law.
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 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. Regular communications within People team about good practice. 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 policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net . 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

Appendix 2: Process Flow Chart



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