

MANAGING ALLEGATIONS AGAINST STAFF POLICY October 2020

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Target Audience :	All employees, members, committee and sub-committee members of the group and members of the Governing Body and its committees.
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Intranet
2	J Hourigan C Pearson	Changes in line with revised statutory guidance	Quality and Patient Experience Committee 8 th October 2020	

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CONTENTS

1. Introduction.....	Error! Bookmark not defined.
2. Policy Statement	4
3. Impact Analyses Definitions / Explanation of Terms.....	Error! Bookmark not defined.
4. Scope	5
5. Policy Purpose / Aims and Failure to Comply	5
6. Roles /Responsibility / Duties	6
7. Definations / Explanation of Terms.....	7
8. Procedures	8
9. Policy Implementation	Error! Bookmark not defined. 4
10. Training and Awareness	Error! Bookmark not defined. 4
11. Monitoring and Audit	Error! Bookmark not defined. 4
12. Policy Review	Error! Bookmark not defined. 5
13. References.....	Error! Bookmark not defined. 5
14. Associated Policies	Error! Bookmark not defined. 5
15. Appendices.....	Error! Bookmark not defined. 6

1. INTRODUCTION

- 1.1 Vale of York CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources.
- 1.2 Vale of York CCG is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004, Working Together to Safeguard Children (2018) and statutory guidance on Promoting the Health and Well-being of Looked After Children (2015).
- 1.3 The Care Act (2014) and accompanying guidance provides the Legal Framework for safeguarding and promoting the welfare of adults
- 1.4 This policy is supported by and should be used in conjunction with Local Safeguarding Children's Partnerships and Local Safeguarding Adult Board policies, procedures and guidance.
- 1.5 This policy outlines how, as a commissioning organisation, the CCG will effectively fulfil its legal duties and statutory responsibilities with regard to managing allegations against staff.
- 1.6 This policy applies to all CCG staff including the Council of Members and anyone working on behalf of, or undertaking work or volunteering for, the CCG. It provides a framework to ensure appropriate actions are taken to manage allegations whether or not they are made in connection to duties with the CCG
- 1.7 This policy should be read in conjunction with the CCG:
 - Safeguarding Children Policy
 - Safeguarding Adults Policy

2. POLICY STATEMENT

- 2.1.1 The CCG requires its employees and those from whom it contracts services to be fully aware of their duties and responsibilities for safeguarding adults and children.
- 2.1.2 The CCG is committed to delivery of care that is culturally and religiously sensitive to the needs of all individuals and groups.
- 2.1.3 All sections of this policy aim to ensure that no present or future patient, whether formal or informal, receives unfavourable treatment on the grounds of their protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; or sexual orientation (Equality Act 2010).

3. IMPACT ANALYSES

Equality

- 3.1 As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2 A Sustainability Impact Assessment has been undertaken. One positive impact in relation to workforce and promoting and supporting equal employment opportunities has been identified. The results of the assessment are attached.

Bribery Act 2010

- 3.3 The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.

4. SCOPE

- 4.1 This policy applies to all CCG employees, Council of Representatives, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the CCG and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.
- 4.2 This policy covers all staff employed by the CCG while they are at work either within CCG premises or at any other location in pursuance of their normal work activities.
- 4.3 Staff working in CCG premises who are not CCG employees must follow the policy of their employer, however the results of risk assessments carried out in CCG premises that they work in must be shared with them and their risk assessments shared with CCG staff.

5. POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

- 5.1 This policy aims to provide a framework for managing cases where allegations are made about CCG staff which indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern 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 employee's work or private life. Examples include:
- Committing of a criminal offence against, or related to, children, young people or adults at risk;
 - Behaving towards children, young people or adults at risk in a manner that indicates they may be unsuitable to work with children, young people or adults at risk;
 - Where an allegation or concern about a member of staff, arising from their private life such as perpetration of domestic abuse, 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.

5.2 The policy will also apply where there are concerns relating to inappropriate relationships between those who work with children or young people and adults as outlined in the Sexual Offences Act 2003, namely:

- Having a sexual relationship with a child under 18 if the adult is in a position of trust in respect of that child, even if the relationship is said to be consensual (Sections 16-19, Sexual Offences Act 2003);
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (Section 15 Sexual Offences Act 2003);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text/e-mail messages or images, gifts, socialising, use of social media etc.);
- Possession of indecent images of children or use of the internet to access indecent images of children.
- Care workers for people with a mental disorder: sexual activity with a person with mental disorder and related offences (Sections 38-44, Sexual Offences Act 2003)

5.3 If an allegation relating to a child is made about a person who works with adults at risk or vice versa, consideration will be given by the Senior Named Officer (SNO) and the CCG Safeguarding Lead Officer regarding alerting the employee's line manager. This consideration should be given regardless of whether the allegation relates to occurrences inside or outside of the work place or working hours.

6. ROLES / RESPONSIBILITIES / DUTIES

Accountable Officer

The Accountable Officer has overall responsibility for the policy.

Senior Named Officer (SNO)

The Executive Lead for Safeguarding/Chief Nurse is the SNO and has the responsibility to respond to any allegations as outlined within this policy.

Line Managers

Line managers must ensure that all members of staff and volunteers within their management remit are aware of this policy and processes to be followed when concerns are raised with regard to allegations against a member of staff or volunteer

All Staff and Volunteers

All staff and volunteers have a responsibility to self-report any concerns that indicate that they may be unsuitable to work with children, young people or adults at risk and also a responsibility to report any concerns about a colleague or other member of staff or volunteer that may indicate that they may be unsuitable to work with children, young people or adults at risk

7. DEFINITIONS / EXPLANATIONS OF TERMS

7.1 This policy is focused on management of risk, based on assessment of harm and abuse.

7.2 Definitions of harm to children are detailed in the Children Acts 1989 and 2004 and in accompanying statutory guidance (DfE, 2018). Four clear categories of harm/abuse are described:

- Neglect
- Sexual Abuse (including Child Sexual Exploitation)
- Physical Abuse
- Emotional Abuse

Further details of each category can be found in the CCG Safeguarding Children Policy (accessed via CCG intranet) and multi-agency safeguarding children procedures (accessed via the Local Safeguarding Children Partnership website).

7.3 The definition of an 'adult at risk' applies to adults who have care and support needs (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect who may be:

- living in their own home
- in hospital / health facility
- in a residential care and / or nursing home
- attending a Day Centre/ Social Club
- attending a GP Surgery
- without a permanent home

(The above list is not intended to be exhaustive.)

7.4 The Care Act (2014) and Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) identify ten categories of abuse for adults:

- Physical abuse
- Domestic abuse (inc. Female Genital Mutilation)
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect

Further details of each category can be found in the CCG Safeguarding Adults Policy and multi-agency safeguarding adults' procedures (accessed via the Local Safeguarding Adults Board website).

8. PROCEDURE

8.1 RESPONDING TO CONCERNS/ ALLEGATIONS AGAINST MEMBERS OF THE CCG STAFF OR VOLUNTEERS

There are a number of sources from which a complaint, concern or direct allegation may arise including:

- A child, young person or adult with care and support needs
- Parent or other adult
- Member of the public
- Professional colleague internally or from a partner organisation
- You may notice it yourself
- In a disciplinary investigation
- Via a safeguarding children/adult investigation (including referrals made under PREVENT)
- During a police investigation
- As part of a complaint received by the CCG or NHS England/ Improvement

8.2 INITIAL ACTION BY PERSON RECEIVING ALLEGATION/IDENTIFYING CONCERN

8.2.1 The person to whom the allegation is first reported or who first identifies a concern should treat the matter seriously and keep an open mind.

8.2.2 The safety of the child, young person or an adult at risk is of paramount importance. Urgent action may be required to secure the immediate safety of any children, young people or adults at risk, in which case a report to the police should be made via the 999 system.

8.2.3 The person receiving the allegation/identifying a concern should:

- Record the information (where possible using the child's/adult's own words), including the time, date and place of incident, persons present and any actions taken.
- Immediately report the matter to the CCG Senior Named Officer for Allegations Against Staff (SNO); or the Senior Manager on call if out of normal working hours. If the SNO is unavailable or if the SNO themselves or their deputy is the subject of the allegation, the matter should be reported to the Chief Officer.
- Consider if the child/adult has suffered, or is at risk of suffering, significant harm and if this is the case make an immediate referral under the appropriate Safeguarding Children or Safeguarding Adults multi-agency procedures.
- If the allegation may be a criminal offence, the matter should be reported to the police. In such cases the police have primacy for any investigations and

evidence must be preserved. Interviews or de-briefs with staff members should not be instigated, and any potential crime scene or evidence should remain undisturbed until advised by the police.

- Seek advice from the Safeguarding Designated Professionals if unsure regarding which action to take.
- The person who is the subject of the allegation should not be informed until advice has been sought from the SNO. This is important in terms of future investigations

8.3 INITIAL ACTION BY THE SNO

8.3.1 When informed of a concern or allegation the SNO should not investigate the matter or interview the member of staff or any potential witnesses. They should:

- Ensure (if appropriate) that safeguarding children/adults referral/concern is made (or has been made) in accordance with multi-agency procedures: this should be within one working day.
- Report the allegation to the relevant Local Authority Designated Officer (LADO), or Designated Professional Safeguarding Adults (DPSA) within one working day using the relevant referral form (See Appendix 1). Completed referral forms should be emailed using secure email systems.
- If the SNO is unsure whether a case meets the criteria for a LADO/DPSA referral, this case should then be discussed with the Designated Safeguarding Children/Adults Professionals and/or the LADO/DPSA.

8.3.2 The report to the LADO/DPSA should include;

- Written details of the concern/allegation;
- Any information relating to times, dates, location of the incident, and names of any potential witnesses;
- All discussions, any decisions made and rationale for these and any actions taken so far.

8.3.3 If the allegation/concern is received outside normal working hours and requires immediate action, the SNO should consult with the Out of Hours Emergency Duty Team or Police, and inform the LADO/DPSA on the next working day.

8.3.4 In conjunction with HR, if the staff member is a registered professional consideration must be given to notifying any relevant regulatory body and NHS England/ Improvement.

8.3.5 The SNO should inform the CCG Accountable Officer and a Serious Incident report of the allegation against a healthcare or non-healthcare professional should be reported on the Strategic Executive Information System (STEIS).

8.3.6 Where the allegation/concerns relates to CCG directly-employed staff, the SNO, in consultation with the LADO/DPSA and Designated Safeguarding Children/Adults Professionals should contact the HR department for advice regarding the action to

be taken in relation to the employee. In conjunction with HR and the staff member's line manager and the Police (where there is a criminal investigation), the SNO will decide whether suspension (without prejudice) is appropriate during the period of investigation. HR will advise on the authority levels and process requirements for this action. HR will also advise whether the CCG disciplinary procedure is to be followed and whether referral is needed to the Disclosure and Barring Service.

8.3.7 Any action taken by the CCG to manage an allegation must not jeopardise any external investigations, such as a criminal investigation.

8.4 INFORMING THE REFERRED PERSON

8.4.1 Following advice from the LADO/DPSA/Designated Professionals and, where relevant, the Police, the Line Manager/SNO should inform the referred person as soon as possible about the nature of the allegation, how enquiries will be conducted and the possible outcome. The referred person should:

- Be treated fairly and helped to understand the allegations;
- Be reminded of their right to have support from a colleague or representative;
- Be kept informed of the progress and outcome of the investigation and implications for any disciplinary action;
- Be directed to additional sources of employee support
- If suspended, be kept up to date about events in the workplace

8.4.2 The Line Manager/SNO should be aware of the potential impact upon the person against whom the allegation is made and the high level of stress and distress that may be experienced by them. The line manager/SNO should signpost to available support services and actively encourage the person to seek help from their GP; occupational health services; and/or mental health services; in addition to encouraging them to seek support from family and friends as appropriate.

8.5 NEXT STEPS IN MANAGEMENT OF ALLEGATIONS

8.5.1 There are three strands in consideration of an allegation:

- Enquiries and assessment by Children's Social Care or Adult Safeguarding Officers 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 an investigation under disciplinary procedures (including possible suspension from duties).

8.5.2 Once a LADO/DPSA referral has been received, the LADO/DPSA will consult, as appropriate, with Children's Social Care or Adult Safeguarding Officers and/or the Police. Consideration needs to be given to the following:

- If Children's' Social Care or a police response may be appropriate and if a Strategy Meeting and/or an Evaluation Meeting needs to be held.

- If the allegation should be managed solely by the employer (with the proviso that, if further information comes to light suggesting a child/adult protection response or criminal response may be necessary, then a further consultation will take place).

8.6 OUTCOMES OF A LADO REFERRAL (SAFEGUARDING CHILDREN)

8.6.1 Outcomes of a LADO referral may include no further action; disciplinary and/or internal investigation; Safeguarding Children Strategy Meeting and Evaluation Meeting.

8.6.2 In all cases, the LADO, Designated Safeguarding Professionals, the SNO and the CCGs' HR representative should discuss whether an investigation under disciplinary procedures is necessary. The discussion should consider any potential misconduct or gross misconduct on the part of the member of staff and take into account:

- Information provided by the Police, Health Professionals or Children's or Adult Social Care Services;
- The result of any investigation;
- The different standard of proof in disciplinary and criminal proceedings.

8.6.3 The decision to instigate disciplinary proceedings lies with the employer, who will comply with NHS policy and the CCG internal HR policies and procedures.

8.6.4 If formal disciplinary action is not required, the employer should institute any agreed actions arising from the LADO discussions/meetings.

8.6.5 No further action - where the LADO agrees that no further action is to be taken regarding the individual facing the allegation, the decision and justification should be recorded by both the SNO and the LADO. The SNO with the LADO should:

- Agree what information should be put in writing to the individual concerned by the SNO;
- Identify any action in respect of those who made the initial allegation where there is evidence that an allegation was made maliciously and;
- Consider what information should be shared with the child and their parents / carers, or the adult and/or carers, and by whom

Where the allegation does not require a formal process, appropriate action should be initiated within three working days.

8.6.6 Disciplinary/internal investigations - where an investigation by the police or Children's Social Care is unnecessary, or has been completed, the SNO will need to determine if any further disciplinary / internal investigation is needed.

8.6.7 Safeguarding Children Strategy Meetings - if there is cause to suspect that a child is suffering or is likely to suffer significant harm; the LADO will immediately ask Children's Social Care for a strategy meeting to be convened in accordance with agreed multi-agency safeguarding children procedures.

8.6.9 Safeguarding Children Evaluation Meetings – following a safeguarding children strategy meeting or in cases where a formal strategy discussion is not considered appropriate because the threshold of ‘significant harm’ is not reached, but a police investigation might be needed, the LADO should nevertheless conduct a similar discussion with the police, the employer, and any other relevant agencies to evaluate the allegation and decide how it should be dealt with.

8.6.10 The formal evaluation meeting will determine whether the allegation is substantiated, false, malicious, unfounded or unsubstantiated, and agree actions accordingly.

- Substantiated - there is sufficient identifiable evidence to prove the allegation;
- False - there is sufficient evidence to disprove the allegation;
- Malicious - there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false;
- Unfounded - there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the allegation or was mistaken about what they saw. Alternatively they may not have been aware of the circumstances;
- Unsubstantiated - this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

8.7 OUTCOME OF A DPSA REFERRAL (SAFEGUARDING ADULTS)

8.7.1 Safeguarding Adults Case Conference - in a case involving the Adult Safeguarding procedure an enquiry will follow the strategy meeting or discussion if the concern meets the criteria. The outcomes of any enquiries will be discussed at strategy review meetings and the case will be concluded at the case conference stage. In serious cases or where there has been a death, a Safeguarding Adults Review may take place.

8.7.2 Under the Care Act (2014) for Adult Safeguarding, the focus is on the outcomes for the person alleged to have been harmed. Substantiating the abuse is not the primary focus in all but the most serious, criminal or complex cases, in which cases substantiation may be essential for lessons to be learned or for disciplinary or legal remedies to be implemented.

8.7.3 An adult who has been harmed or put at risk of harm may choose not to be involved with a safeguarding investigation. However, where the concern is raised about the actions of an employee an enquiry will proceed without the adult at risk’s consent as the CCG has a duty of care to safeguard children and other adults who may be at risk.

8.7.4 For all allegations a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, a note of any action taken and the decisions reached should be kept on the confidential personnel file of the individual concerned and a copy of this should be provided to the individual.

8.8 ACTIONS ON CONCLUSION OF A CASE

- 8.8.1 If the allegation is substantiated and the person is dismissed, the employer ceases to use the person's services, or the person resigns, the LADO/DPSA should discuss with the employer/SNO whether a referral should be made to the Disclosure and Barring Service and/or to a regulatory body. If a referral is made, it should be submitted within 1 month of the allegation being substantiated. It is an offence to fail to make a referral without good reason.
- 8.8.2 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. On-going support for the member of staff may be offered through Occupational Health. Support may also be needed for colleagues/other staff members involved.
- 8.8.3 The SNO and the LADO/DPSA together with the CCG Safeguarding Leads should review the circumstances of each case to determine whether there are any improvements to be made to the CCG procedures or practice. Any recommendations from the review will be implemented and information disseminated to the appropriate people within the CCG and local safeguarding forums.

8.9 CONFIDENTIALITY

Every effort should be made to maintain confidentiality and guard against publicity whilst an allegation is being investigated or considered. Information should be restricted to those who have a need to know in order to protect children/adults, facilitate enquiries and manage disciplinary processes

8.10 RECORD KEEPING

8.10.1 The SNO has 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;
- Any records that were seen and reviewed;
- What actions were considered and justification for specific decisions, including suspension and any actions taken under the CCG Disciplinary Procedure;
- Minutes and actions of all meetings that take place;
- Details of how the allegation was followed up and decisions reached.

8.10.2 The above information should be retained on file in accordance with the CCG record keeping policy and/or any national directives (e.g. guidance from the Goddard Inquiry into historical child sexual abuse).

8.10.3 Records should also be retained for staff who subsequently leave the CCG. The purpose of the record is to enable accurate information to be given in response to any future request for a reference and will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made, "no further action" was taken or did not result in a prosecution or conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

8.10.4 All records should be saved in a secure area and not on personal drives and the folder should be restricted to relevant personnel on the shared drive.

8.10.5 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 relevant file.

9. POLICY IMPLEMENTATION

9.1. Following approval of the policy, it will be published on the CCG's website and reference will be made to the policy in staff and practice communications.

10. TRAINING AND AWARENESS

10.1. This policy will be published on the CCG's website.

10.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

10.3. All CCG staff must be trained and competent to be alert to potential indicators of abuse and neglect in children and adults, know how to act on their concerns and fulfil their responsibilities in line with LSCP/LSAB procedures.

10.4. All CCG staff will complete the level of training commensurate with their role and responsibilities.

10.5. The CCG will keep a training database detailing the uptake of all staff training so that Line Managers can be alerted to unmet training needs.

10.6. Staff will be made aware of this policy through briefing within the staff newsletter.

11. MONITORING AND AUDIT

11.1. The policy and procedure will be reviewed periodically by the CCG Safeguarding team. Where review is necessary due to legislative change, this will happen immediately.

11.2. The implementation of this policy will be audited at appropriate intervals and reported to the CCG Governing Body.

11.3. Use of this policy will be monitored by the Safeguarding team as part of the management of multi-agency safeguarding procedures.

11.4. Breaches to this policy will be exception reported to CCG quality structures.

12. POLICY REVIEW

This policy will be reviewed every 3 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance.

13. REFERENCES

Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

The Sexual Offences Act (2003) <http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents>

The Care Act (2014) Statutory Guidance for Implementation
<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

Department for Education (2018) Working Together to Safeguard Children
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

NHS England / NHS Improvement: Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework
<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf-1.pdf>

NHS England and NHS Improvement (2019) Managing Safeguarding Allegations Against Staff: Policy and Procedure. (Published in electronic format only)
<https://www.england.nhs.uk/wp-content/uploads/2019/09/managing-safeguarding-allegations.pdf>

DH (2015) Promoting the Health and Wellbeing of Looked After Children
<https://www.gov.uk/government/publications/promoting-the-health>

NYSCB (2018) Managing Allegations Against Staff Practice Guidance
<http://www.safeguardingchildren.co.uk/admin//uploads/practice-guidance/lado-pg-2-7-3.pdf>

NYSAB PROCEDURES <https://safeguardingadults.co.uk/>

14. ASSOCIATED POLICIES

- Recruitment and Selection Policy
- Disciplinary Policy
- Whistle Blowing Policy
- Training and Development Policy
- Safeguarding Children Policy
- Safeguarding Adults Policy

Local Safeguarding Children Partnerships	
North Yorkshire	www.safeguardingchildren.co.uk
City of York	www.saferchildrenyork.org.uk
East Riding	www.erscb.org.uk
Local Safeguarding Adults Boards	
North Yorkshire	https://safeguardingadults.co.uk/
City of York	www.safeguardingadultsyork.org.uk
East Riding	www.ersab.eastriding.gov.uk
Safeguarding Children Referrals	
North Yorkshire	Phone: 01609 780780 Out of hours: 01609 780780 Email: social.care@northyorks.gov.uk
City of York	Phone: 01904 551900 Out of hours: 01609 780780 Email: MASH@york.gov.uk
East Riding	Phone: 01482 395500 Out of hours: 01377 241273 Email: childrens.socialcare@eastriding.gov.uk
Safeguarding Adults Referrals	
North Yorkshire	Phone: 01609 534527 Out of hours: 01609 780780 Email: social.care@northyorks.gov.uk
City of York	Phone: 01904 555111 Out of hours: 01609 780780 Email: adult.socialsupport@york.gov.uk
East Riding	Phone: : 01482 396940 Out of hours: 01377 241273 Complete online form: http://www.ersab.org.uk/reporting-abuse
LADO Referrals	
North Yorkshire	Phone: 01609 532477 (office hours) Email: safeguardingunit@northyorks.gov.uk
City of York	Phone: 01904 551783 Email : lado@york.gov.uk
East Riding	Phone: 01482 396999 LADO@eastriding.gov.uk

EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Managing Allegations Against Staff Policy
2.	Please state the aims and objectives of this work.
	<ul style="list-style-type: none"> • The aim of the policy is to provide a framework for managing cases where allegations are made about the conduct or behaviour of a member or members of CCG staff which indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. • The policy details the process to be followed in the event of an allegation being received through to its conclusion • The policy provides assurance for CCG employees; children, young people and adults at risk; members of the public; and the CCG Governing Body that the CCG is meeting its legal duty for safeguarding children and safeguarding adults.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	This policy affects All CCG employees and volunteers , service users and members of the public
4.	What sources of equality information have you used to inform your piece of work?

	<p>https://safeguardingadults.co.uk/</p> <p>https://safeguardingadults.co.uk/wp-content/uploads/2019/10/NYSAB-Annual-Report-2018-19.pdf</p> <p>https://safeguardingadults.co.uk/wp-content/uploads/2019/10/NYSAB-Annual-Report-Summary-2018-19-003.pdf</p> <p>https://safeguardingadults.co.uk/wp-content/uploads/2020/04/Easy-Read-SAB-minutes.pdf</p> <p>https://www.safeguardingchildren.co.uk/</p> <p>https://www.safeguardingchildren.co.uk/resource-library/</p> <p>https://www.safeguardingchildren.co.uk/wp-content/uploads/2020/07/81873-Scrutineer-first-Annual-Report-for-NYSCP-31-March-2020_interactive.pdf</p> <p>https://www.safeguardingchildren.co.uk/wp-content/uploads/2019/09/NYSCP-Annual-Report-18-19.pdf</p>
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	Designated Nurses and Doctors for Safeguarding Children Designated Professionals Safeguarding Adults
7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics?</p> <p>Do you have any gaps in information?</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>

<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Positive Impact see section 4</p>
<p>Sex Men and Women</p>	<p>No Impact</p>
<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers</p>	<p>Positive Impact see section 4</p>
<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Positive Impact see section 4</p>
<p>Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Positive Impact see section 4</p>
<p>Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Positive Impact see section 4</p>

Religion or belief Includes religions, beliefs or no religion or belief	Positive Impact see section 4
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	No impact
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Positive Impact see section 4
Carers This relates to general caring responsibilities for someone of any age.	Positive Impact see section 4
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Positive Impact see section 4

8.	<p>Action planning for improvement</p> <p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? None found</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>
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Sign off	
Name and signature of person / team who carried out this analysis	Jacqui Hourigan Christine Pearson
Date analysis completed	24 th September 2020
Name and signature of responsible Director	
Date analysis was approved by responsible Director	

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document		Policy Name Managing Allegations Against Staff Policy		
What is the main purpose of the document		<p>The aim of the policy is to provide a framework for managing cases where allegations are made about the conduct or behaviour of a member or members of CCG staff which indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm.</p> <p>The policy details the process to be followed in the event of an allegation being received through to its conclusion</p> <p>The policy provides assurance for CCG employees; children, young people and adults at risk; members of the public; and the CCG Governing Body that the CCG is meeting its legal duty for safeguarding children and safeguarding adults</p>		
Date completed		24 th September 2020		
Completed by		Jacqui Hourigan Christine Pearson		
Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	Neutral = 0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	Neutral = 0		

Vale of York Clinical Commissioning Group
POLICY ON POLICIES

	Will it reduce 'care miles' (telecare, care closer) to home?	Neutral = 0		
	Will it promote active travel (cycling, walking)?	Neutral = 0		
	Will it improve access to opportunities and facilities for all groups?	Neutral = 0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	Neutral = 0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	Neutral = 0		
	Will it promote ethical purchasing of goods or services?	Neutral = 0		
Procurement	Will it promote greater efficiency of resource use?	Neutral = 0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	Neutral = 0		
	Will it support local or regional supply chains?	Neutral = 0		
	Will it promote access to local services (care closer to home)?	Neutral = 0		
	Will it make current activities more efficient or alter service delivery models	Neutral = 0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	Not applicable = n/a		
Workforce	Will it provide employment opportunities for local people?	Neutral = 0		

Vale of York Clinical Commissioning Group
POLICY ON POLICIES

	Will it promote or support equal employment opportunities?	Positive = 1	The policy provides assurance to CCG employees that any allegation made against them will be treated fairly and appropriately within a framework that is compliant with regulation. This positively enhances the CCG as a fair and equitable employer.	Positively enhanced by raising awareness of the policy to CCG employees and by displaying the policy on the CCG website
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	Neutral = 0		
	Will it offer employment opportunities to disadvantaged groups?	Neutral = 0		
Community Engagement	Will it promote health and sustainable development?	Neutral = 0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	Neutral = 0		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	Not applicable = n/a		
	Will it increase safety and security in new buildings and developments?	Not applicable = n/a		

Vale of York Clinical Commissioning Group
POLICY ON POLICIES

	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	Not applicable = n/a		
	Will it provide sympathetic and appropriate landscaping around new development?	Not applicable = n/a		
	Will it improve access to the built environment?	Not applicable = n/a		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	Not applicable = n/a		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	Neutral = 0		
	Will it promote prevention and self-management?	Neutral = 0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	Neutral = 0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	Neutral = 0		