



# SAFEGUARDING MANAGING ALLEGATIONS AGAINST STAFF POLICY

OCTOBER 2022

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<b>Committee Approved:</b>	ICB Quality Committee
<b>Approved date:</b>	October / 2022
<b>Review Date:</b>	October / 2024
<b>Equality Impact Assessment:</b>	Completed included at Appendix 1. Initial impact assessment undertaken using H&NY Tool. No impact identified which would require patient experience, patient safety, clinical effectiveness or workforce assessments to be undertaken.
<b>Target Audience:</b>	ICB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract
<b>Policy Number:</b>	ICB 31
<b>Version Number:</b>	0.1

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.



## AMENDMENTS

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

<b>New Version Number</b>	<b>Issued by (department)</b>	<b>Nature of Amendment</b>	<b>Approved by &amp; Date</b>	<b>Date on website</b>
N/A	East Riding of Yorkshire CCG	N/A	ERY SLT June 2021.	August 2021
0.1	Humber & North Yorkshire ICB	Amendment of North Yorkshire CCG Policy to meet requirements of H&NY ICB	ICB Quality Committee	October 2022



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## 1 INTRODUCTION

- 1.1. NHS Humber and North Yorkshire Integrated Care Board 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. NHS Humber and North Yorkshire Integrated Care Board 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), Domestic Abuse Act 2021, 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 a number of NHS Humber and North Yorkshire Integrated Care Board policies and procedures which demonstrate the organisation's commitment to improving safeguarding.
  - Safeguarding Adults Policy
  - Safeguarding Children Policy
  - Staff Experiencing Domestic Abuse policy
  - Safeguarding Supervision Policy
  - Whistleblowing Policy
  - ICB HR Policies
- 1.5. This policy outlines how, as an organisation, NHS Humber and North Yorkshire Integrated Care Board will effectively fulfil its legal duties and statutory responsibilities with regard to managing safeguarding allegations against staff.
- 1.6. 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 NHS Humber and North Yorkshire Integrated Care Board.
- 1.7. This NHS Humber and North Yorkshire Integrated Care Board Policy should be used in conjunction with the relevant Local Safeguarding Children Partnership's (LSCP) safeguarding children procedures, and the Local Safeguarding Adult's Board (LSAB) safeguarding adult's procedures surrounding PIPOT (people in a position of trust).
- 1.8. This policy should be used in line with reporting in relation to the CQC regulations and fundamental standards in particular relating to safe care, staffing and regulation 13- Safeguarding.
- 1.9. 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 NHS Humber and



North Yorkshire Integrated Care Board as a duty of care to safeguard children and other adults who may be at risk.

## **2 ENGAGEMENT**

2.0. This policy was developed by the Designated Nurse – ERY Adult Safeguarding on behalf of the NHS Humber and North Yorkshire Integrated Care Board.

## **3 SCOPE**

3.1 The policy is to support management of safeguarding allegations and applies to all ICB employees, Council of Representatives, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the NHS Humber and North Yorkshire Integrated Care Board, contract and agency staff, apprentices and volunteers.

## **4 POLICY PURPOSE AND AIMS**

4.1. The purpose of this Policy is to provide a framework for managing cases where allegations are made about NHS Humber and North Yorkshire Integrated Care Board staff which indicate that children 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 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.

4.2. If an allegation relating to a child is made about a person who works with vulnerable adults or vice versa, consideration will be given by the Designated Nurse/ Professional Safeguarding Children/ Adults 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 workplace or working hours.

There are four strands in consideration of an allegation:

- 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.
- Whether a referral needs to be made to adult social care or Local Authority Designated Officer (LADO) in relation to persons in positions of trust working with adults or who work with children.
- A police investigation of a possible criminal offence if indicated.
- Consideration of disciplinary action (including suspension, removal from direct patient duties, Disclosure and Barring Service (DBS) reporting or notification to a professional body).

## **5 NHS CONSTITUTION**



- 5.1. With respect to this policy the NHS Humber and North Yorkshire Integrated Care Board supports the Principles of the NHS Constitution, in particular:

Principle 1 - The NHS provides a comprehensive service, available to all.

Principle 3 - The NHS aspires to the highest standards of excellence and professionalism.

## 6 ROLES / RESPONSIBILITIES / DUTIES

### 6.1. **Executive Director of Nursing and Quality**

The Executive Director of Nursing and Quality of the ICB will have overall accountability for Safeguarding.

Maintain a strategic oversight and undertake Director level conversations where needed.

### 6.2. **Designated Nurses/ Professionals**

This role will receive information in relation to allegation/identifying a concern and 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. They are also responsible for notifying the Place Director, ensuring the police and LADO are notified (if appropriate) and working with HR around any disciplinary proceedings following the outcome of investigation if required.

Liaise with CQC where required. Where required, a Serious Incident report of the allegation against a healthcare or non-healthcare professional should be reported on the Strategic Executive Information System (STEIS).

### 6.3. **Local Authority Designated Officer/ Adult Social Care:**

The LADO is a statutory role with responsibility for co-ordinating the response to concerns that an adult who works with children may have caused them or could cause them harm. The DASM is a non-statutory role for allegations against staff working with adults in NE Lincs place base. Other areas operate under PIPOT- persons in a position of trust- guidance.

### 6.4. **Managers:**

Managers will be responsible for ensuring that staff are fully trained and are aware of the values, Codes of Conduct and professional standards as well as the content of this policy.

### 6.5. **Staff:**

All staff will be aware of their responsibilities and act in accordance with this policy and ensure that they have received the appropriate training.

## 7 RESPONDING TO CONCERNS/ALLEGATIONS AGAINST MEMBERS OF STAFF OR VOLUNTEERS

### 7.1. **Sources of concerns/allegations**

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



arise and require assessment, including, but not limited to:

- 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
- Via a disciplinary investigation
- Via a safeguarding children/adult investigation (including referrals made under PREVENT)
- Via a police investigation
- Via a complaint received by the Humber and North Yorkshire Integrated Care Board (or NHS England)

## 7.2. Initial action by person receiving allegation/identifying concern

7.2.1. 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.

7.2.2. 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 or adults at risk, in which case a report to the police should be made via 999.

Examples of allegations include:

- Committing of a criminal offence against, or related to, children or adults at risk;
- Behaving towards children or adults at risk in a manner that indicates they are unsuitable to work with children, 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 against a close family member, 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.

The procedures also apply where there are concerns relating to inappropriate relationships between those who work with children 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.
- For 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)".

### 7.3. 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 their line manager and Designated Nurse/Professional or the Director on call if out of normal working hours.
- If the Designated Nurse/ Professional is unavailable or if they themselves or their deputy is the subject of the allegation report to the Place Director.
- 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 and discussions should take place as to who is most appropriate to do this depending on the circumstances. 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 Nurse/ Professional 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 Designated Nurse/ Professional. This is important in terms of future investigations (see 7.4 below).

### 7.4 Initial Action by the Designated Nurse/Professional

#### 7.4.1 When informed of a concern or allegation they should:

- Ensure (if appropriate) that safeguarding children/adults referral/alert is made (or has been made) in accordance with multi agency procedures – **this should be within one working day.**
- If the allegation relates to a person working with a child, report the allegation to the relevant Local Authority Designated Officer (LADO), again, within **one working day** using the LADO referral form or mechanism via the relevant local authority website. (LADO referral forms should be emailed using secure email). The safeguarding team can be contacted for advice if needed.
- If the allegation relates to a person working with an adult with care and support needs, a safeguarding adult referral should be made in accordance with safeguarding





procedures where the allegation took place. If this is outside of area, then the designated nurse/ professional should liaise accordingly with colleagues covering that Place.

### **Managing allegations of abuse made against individuals who work with children and young people in any setting**

Everyone working with or connected to children should take allegations of harm and abuse against children and young people seriously. Any adult working or volunteering with children and young people, at some point, may be the subject of an allegation that they have harmed a child or behaved in a way that suggests they may present a risk to children. This is a difficult position for all involved.

Every Local Authority has a statutory responsibility to have a LADO who is responsible for coordinating the response to concerns that an adult who works with children may have caused them harm. A child is a person under the age of 18 years. The criteria for making a referral to LADO are that an individual has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child/ children in a way that indicates they may pose risk of harm to children.
- Behaved or may behave in a way that indicates they may not be suitable to work with children.

7.4.2. The report to the LADO 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.

#### **Further considerations and actions**

7.4.3. Consideration within strategy discussions should be given to informing any relevant regulatory bodies and NHS England.

7.4.4. Where the allegation/concerns relate to NHS Humber and North Yorkshire Integrated Care Board directly employed staff, the Designated nurse/ professional, should contact the HR department for advice regarding the action to be taken in relation to the employee in consultation with senior nurse at place and the LADO or adult social care. In conjunction with HR and the staff member's line manager and the Police where there is a criminal investigation, it will be considered as to whether suspension or removal from patient facing duties, 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 NHS Humber and North Yorkshire Integrated Care Board disciplinary procedure is to be followed and whether referral is needed to the Disclosure and Barring Service.



- 7.4.5. Consideration in these discussions must be given to any other persons who may be at risk/ have suffered harm and any actions needed to identify/ address.
- 7.4.6. In conjunction with HR, if the staff member is a registered professional, consideration must be given to notifying any relevant regulatory body. This should be led by the Place Designated Professional in conjunction with the Place Director and person's line manager. Where possible this should be done in conjunction with an organisational senior manager of the same discipline e.g. Nurse- NMC, Doctor – GMC, OT- RCOT.
- 7.4.7. Any action taken by the NHS Humber and North Yorkshire Integrated Care Board to manage an allegation must not jeopardise any external investigations, such as a criminal investigation.
- 7.4.8. A communications lead may be required to be notified if the situation may attract media interest.
- 7.5. **Informing the referred person**
- 7.5.1. Following advice from Adult Social Care/ LADO/ Designated Professionals and, where relevant, the Police, the Line Manager should inform the referred person as soon as possible about the nature of the allegation, how enquiries will be conducted, and the possible outcome. If it is not appropriate to inform them of detail at an early stage, for example risk of jeopardising a criminal investigation, it should be agreed between HR, Designated Nurse/ Professional and Manager as to what information will be shared.
- 7.5.2. The referred person should:
- Be allocated a manager to support them through the process and keep them informed;
  - 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; and
  - If suspended, be kept up to date about events in the workplace.
- 7.6. **Next steps in management of allegations**
- 7.6.1. There are three strands in consideration of an allegation:
- Enquiries and assessment by Children's or Adult Social Care about whether a child/ 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).
- 7.6.2. A discussion between health/ social care and possibly police should take place and consider 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 safeguarding response or criminal response).

## 7.7. Outcomes of a referral

7.7.1. Outcomes of an adult/ LADO referral may include no further action; disciplinary and/or internal investigation; Safeguarding Children/ Adults Strategy Meeting and Evaluation Meeting.

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

7.7.2. No further action - where agreed that no further action is to be taken regarding the individual facing the allegation, the decision and justification should be recorded by both the Designated nurse and LADO/ ASC. They should:

- Agree what information should be put in writing to the individual concerned
- 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**.

7.7.3. 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.

7.7.4. 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.

7.7.5. 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 ACTIONS ON CONCLUSION OF A CASE

- 8.1. If the allegation is substantiated and the person is dismissed, the ICS ceases to use the person's services, or the person resigns (there will be no compromise agreements in safeguarding cases), if not already made a Disclosure and Barring Service and/or to a regulatory body should be considered. If a referral is made, it should be submitted within 1 month of the allegation being substantiated.
- 8.2. If the staff member is on sick leave or resigns their post before the investigation is concluded, it is important to conclude the investigation and make the required referrals as far as possible. If the investigation process cannot fully conclude HR should maintain records of the concerns for future consideration and reference requests.
- 8.3. 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.
- 8.4. The designated Nurse/ Professional and HR come together with the Place Director, and in conjunction with the Executive Director of Nursing and Quality ICB they should review the circumstances of each case to determine whether there are any improvements to be made to the NHS Humber and North Yorkshire Integrated Care Board procedures or practice. Any recommendations from the review will be implemented and information disseminated to the appropriate people within the NHS Humber and North Yorkshire Integrated Care Board and local safeguarding forums.

## 9 CONFIDENTIALITY

- 9.1. 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 and the staff member concerned, facilitate enquiries and manage disciplinary processes.

## 10 RECORD KEEPING



- 10.1. All staff involved in managing and investigating safeguarding allegations against staff have a responsibility to establish:
- 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 NHS Humber and North Yorkshire Integrated Care Board Disciplinary Procedure;
  - Minutes and actions of all meetings that take place;
  - Details of how the allegation was followed up and decisions reached.
- 10.2. The above information should be retained on HR file in accordance with the NHS Humber and North Yorkshire Integrated Care Board's record keeping policy and/or any national directives (e.g. guidance from the Independent Inquiry into historical child sexual abuse).
- 10.3. Records should also be retained for staff who subsequently leave the NHS Humber and North Yorkshire Integrated Care Board. 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.
- 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.
- 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.
- 10.6. Any entries into clinical records should be sensitive to the staff member and not share this detail.

## **11 DISSEMINATION**

- 11.1 The ICB Director of Nursing and Quality is responsible for the effective dissemination of this policy and should make arrangements for the dissemination of policies as follows:
- ensure the policy is added to the ICB website
  - ensure the policy is added to the ICB intranet
  - staff will be notified of the policy via email, and staff bulletins and briefings



- 11.2 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the NHS Humber and North Yorkshire Integrated Care Board's disciplinary procedure.

## **12 TRAINING AND AWARENESS**

- 12.1. All Humber and North Yorkshire Integrated Care Board 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 local safeguarding procedures.
- 12.2. All NHS Humber and North Yorkshire Integrated Care Board staff will complete the level of training commensurate with their role and responsibilities.
- 12.3. NHS Humber and North Yorkshire Integrated Care Board will keep a training database detailing the uptake of all staff training so that Line Managers can be alerted to unmet training needs.
- 12.4. Staff will be made aware of this policy through briefing within the staff newsletter.
- 12.5. All HR staff complete the mandatory safeguarding training and carry out pre-employment checks in line with NHS Employers.

## **13 MONITORING AND AUDIT**

- 13.1. Audit of adherence to safeguarding children/ adult training will be undertaken via agreed personnel appraisal processes.
- 13.2. Breaches to this policy will be exception reported to NHS Humber and North Yorkshire Integrated Care Board quality structures.

## **14 POLICY REVIEW**

- 14.1. This policy will be reviewed every two years by a Designated Professionals for Safeguarding. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance. The review log will be updated following any review.

## **15 REFERENCES**

- NHSEI 2019 A practical guide for responding to concerns about medical practice.
- Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>
- Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>



- DH (2015) *Promoting the Health and Wellbeing of Looked After Children*  
<https://www.gov.uk/government/publications/promoting-the-health>
- D f E (2018) *Working Together to Safeguard Children*  
[www.workingtogetheronline.co.uk/index.html](http://www.workingtogetheronline.co.uk/index.html)
- ERSAB (2017) Procedure for managing allegations made against people in a position of trust (PiPoT)
- ERSCB Allegations of abuse made against adults who work or volunteer with children (2018) <http://www.erscb.org.uk>
- Safer NEL Dealing with allegations <https://www.safernel.co.uk/guidance-for-professionals/safeguarding-adults-advice-for-professionals/>
- Safer NEL Supporting staff and volunteers <https://www.safernel.co.uk/guidance-for-professionals/safeguarding-adults-advice-for-professionals/>
- Safer NEL Dealing with allegations against carers and other staff  
<https://www.safernel.co.uk/guidance-for-professionals/safeguarding-adults-advice-for-professionals/>
- Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework(2019)  
<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>
- 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>
- The Sexual Offences Act (2003) <http://www.legislation.gov.uk/ukpga/2003/42/contents>

## 16 GENERAL DATA PROTECTION REGULATION (GDPR)

19.1. NHS Humber and North Yorkshire Integrated Care Board is committed to ensuring that all personal information is managed in accordance with current data protection legislation,



**Humber and North Yorkshire**  
Health and Care Partnership



**Humber and  
North Yorkshire**  
Integrated Care Board (ICB)

professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the NHS Humber and North Yorkshire Integrated Care Board's Data Protection and Confidentiality and related policies and procedures.





**Humber and North Yorkshire**  
Health and Care Partnership



**Humber and  
North Yorkshire**  
Integrated Care Board (ICB)



## Appendix 1

1. Equality Impact Assessment		
<b>Policy / Project / Function:</b>	Managing Allegations Against Staff Policy	
<b>Date of Analysis:</b>	20/5/22	
<b>This Equality Impact Assessment was completed by: (Name and Department)</b>	Lindsay Britton-Robertson – Designated Nurse East Riding CCG	
<b>What are the aims and intended effects of this policy, project or function?</b>	Policy to inform staff how to manage a safeguarding allegation made against a member of ICS staff.	
<b>Please list any other policies that are related to or referred to as part of this analysis?</b>	Safeguarding Adults Safeguarding Children Domestic Abuse HR disciplinary Whistleblowing	
<b>Who does the policy, project or function affect?</b>  <b>Please Tick ✓</b>	Type	Tick those affected
	Employees	✓
	Service Users	
	Members of the Public	
	Other (List Below)	



## 2. Equality Impact Assessment: Screening

	Could this policy have a positive impact on _____		Could this policy have a negative impact on _____		Is there any evidence which already exists from previous (eg from previous engagement) to evidence this impact
	Yes	No	Yes	No	
<b>Race</b>		X		X	Considered neutral impact
<b>Age</b>		X		X	Considered neutral impact
<b>Sexual Orientation</b>		X		X	Considered neutral impact
<b>Disability</b>		X		X	Considered neutral impact
<b>Sex</b>		X		X	Considered neutral impact
<b>Gender Reassignment</b>		X		X	Considered neutral impact
<b>Pregnancy and Maternity</b>		X		X	Considered neutral impact
<b>Marriage and Civil Partnership</b>		X		X	Considered neutral impact
<b>Religion or Belief</b>		X		X	Considered neutral impact
<b>Reasoning</b>	The policy is designed to manage staff in relation to allegations which take place and may involve service users from minority or vulnerable groups who are at risk from abuse. The ethos of this policy would ensure that any individuals with protected characteristics would be treated fairly and equitably without discrimination or prejudice.				

**If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings**



**Equality Data**

Each area's equality data is attached here:



East%20Riding%20CCG.docx



Hull%20CCG.docx



North%20East%20Lincs%20CCG.docx



North%20Lincs%20CCG.docx



North%20Yorkshire%20CCG.docx



Vale%20of%20York%20CCG.docx

Race	
Age	
Sexual Orientation	
Disability	
Sex	
Gender Reassignment	
Pregnancy and Maternity	
Marriage and Civil Partnership	
Religion or Belief	
Race	



### 3. Equality Impact Analysis: Equality Data Available

**Is any Equality Data available relating to the use or implementation of this policy, project or function?**

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as ‘*Equality Groups*’.

Examples of *Equality Data* include: (this list is not definitive)

1. Application success rates  
*Equality Groups*
2. Complaints by *Equality Groups*
3. Service usage and withdrawal of services by *Equality Groups*
4. Grievances or decisions upheld and dismissed by *Equality Groups*
5. *Previous EIAs*

Yes	
No	X Identification of data to be sought post implementation.

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).

**List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function**

Consultation undertaken with the Designated Professionals across the ICS in the development of this policy.

**Promoting Inclusivity  
How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**

This Policy does not directly promote inclusivity but is designed to assist all employees to practice in a way that supports eliminating discrimination and promoting equality and diversity.



### 5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

**As there is no positive or negative impact on any of the Nine Protected Characteristics this section is not required to be completed.**

Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Race				
Age				
Sexual Orientation				
Disability				
Sex				
Gender Reassignment				
Pregnancy and Maternity				
Marriage and Civil Partnership				
Religion or Belief				

### 6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

**As there is no positive or negative impact on any of the Nine Protected Characteristics this section is not required to be completed.**

Identified Potential Issue	Recommended Actions	Responsible Lead	Completion Date	Review Date
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## 7. Equality Impact Analysis Findings

<b>Analysis Rating:</b>	Red		Red / Amber		Amber		Green	✓
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		Actions	Wording for Policy / Project / Function
<p><b>Red</b></p> <p><b>Stop and remove the policy / stop the project / stop the function</b></p>	<p><b>Red:</b> As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p>	<p><b>Remove the policy Stop the project Stop the function</b></p> <p>Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.</p>	<p>No wording needed as policy / project / function stopped</p>
<p><b>Red / Amber</b></p> <p><b>Continue the policy / Continue the project / Continue the function</b></p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p>	<p><b>The policy / project / function can be published with the EIA</b></p> <p>List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).</p> <p>Consider if there are any potential actions which would reduce the risk of discrimination.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason exists which justifies the use of this policy and further professional advice.</p> <p><b><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help reduce the risk]</i></b></p>



		<b>Actions</b>	<b>Wording for Policy / Project / Function</b>
<p><b>Amber</b></p> <p><b>Adjust the Policy / adjust the project / adjust the function</b></p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p><b>The policy / project / function can be published with the EIA</b></p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><b><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></b></p>
<p><b>Green</b></p> <p><b>No major change</b></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 <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p><b>The policy / project / function can be published with the EIA</b></p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</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 <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>