

# HUMAN RESOURCES POLICY

## MANAGING ALLEGATIONS AGAINST STAFF

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<b>Sponsoring Director:</b>	Michelle McGuigan
<b>Prepared By:</b>	Robin Marsden-Knight
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### Document History

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1	March 2017	New Policy

### Equality Impact Assessment

Date	Issues
2 February 2017	Policy to be made available in alternative formats if required.

### Policy Validity Statement

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid. Policy users should ensure they are consulting the currently valid version of the documentation.

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## 1. Introduction

1.1 The 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 The CCG is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004, and Statutory Guidance on promoting the health and well-being of Looked After Children (2015). Working Together to Safeguard Children provides the statutory framework for safeguarding and promoting the welfare of children.

1.3 The Care Act (2014) and accompanying guidance provides the statutory framework for safeguarding and promoting the welfare of adults. This guidance has replaced previous guidance in the document 'No Secrets' (2000).

1.4 This policy is supported by a number of CCG policies and procedures as well as a Safeguarding Training Strategy which demonstrates the organisation's commitment to improving safeguarding competencies at all levels within agencies commissioned by the CCG. All staff working within the CCG's health economy that commission or provide services for children and adults at risk must make safeguarding and promoting the welfare of children and adults at risk an integral part of the care they offer.

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, and anyone working on behalf of, or undertaking work or volunteering for the CCG, including those staff registered as Performers on the National Performers List: ie GPs.

1.7 It provides a framework to ensure appropriate actions are taken to manage allegations, regardless of whether they are made in connection to duties with the CCG or if they fall outside of this such as in their private life or any other capacity.

1.8 This policy should be read in conjunction with the CCG:

- Safeguarding Strategy
- Safeguarding Children Policy
- Safeguarding Adults Policy
- Safeguarding Training Strategy

1.9 This CCG Policy should be used in conjunction with the Local Safeguarding Children Board's (LSCB) safeguarding children procedures, and the Local Safeguarding Adult's Board (SAB) procedures.

## 2. Purpose and scope

2.1 The purpose of this Policy is to provide a framework for managing cases where allegations are made about CCG staff or GPs which indicate that vulnerable persons (children, young people or adults) are believed to have suffered, or are likely to suffer, significant harm. Concerns may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with vulnerable persons (children, young people or adults), in their present position, or in any capacity.

2.2 The allegation or issue may arise either in the employee's/professional's work or private life. Examples include:

- Commitment of a criminal offence against, or related to, children, young people or vulnerable adults.
- Behaving towards children, young people or vulnerable adults in a manner that indicates they are unsuitable to work with children, young people or adults at risk of harm or abuse.
- Where an allegation or concern arises about a member of staff from their private life such as perpetration of domestic violence or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse.
- Where an allegation of abuse is made against someone closely associated with a member of staff such as a partner, member of the family or other household member.

2.3 The procedures also apply where there are concerns relating to inappropriate relationships between those who work with children or young people as outlined in the *Sexual Offences Act 2003*, namely:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (*section 16-19 Sexual Offences Act 2003*);
- 'Grooming', ie 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 (eg 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.

2.4 If an allegation relating to a child is made about a person who works with vulnerable adults, consideration should be given to alerting their line manager. This policy applies to all employees and contractors of the CCG, including staff seconded into and out of the organisation, volunteers, students, honorary appointees, trainees, and temporary workers, including locum doctors and those working on a bank or agency contract. Performers registered on the National Performers List are also included. This list is not exhaustive, but encompasses all that work for, and on behalf of, the CCG. For ease of reference, all employees and professionals who fall under these groups will be uniformly referred to as “staff” in this document.

2.5 Although managing safeguarding allegations against staff is a requirement under the Children Acts (1989 and 2004), this policy also applies to adults at risk of harm or abuse as defined the Care Act (2014). Working Together to Safeguard Children and Young People (2015, page 54) sets out expectations that all statutory organisations will have a procedure for managing allegations against staff.

### **3. Definitions**

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

3.2 Definitions of harm as detailed in the Children Acts 1989 and 2004 and the Care Act 2014 can be found in the CCG Safeguarding and Looked After Children Policy and the CCG Safeguarding Adults Policy.

3.3 There are four categories of child abuse:

- Neglect
- Sexual
- Emotional
- Physical

3.4 The Care Act 2014 identifies ten categories of abuse for adults:

- Physical abuse
- Domestic Violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect

## **4. Principles**

4.1 The NHS Constitution establishes the principles and values of the NHS in England and the rights that patients, public and staff are entitled to. It sets out the pledges that the NHS is committed to achieve, together with responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

4.2 As a publicly funded NHS body, the CCG expects high standards from all of its employees and, in line with the key principles of the constitution, aspires to the highest standards of excellence and professionalism in the people it employs, the education, training and development they receive

and in the leadership and management of the organisation.

4.3 The LSCB has the responsibility to ensure that the CCG has effective procedures for dealing with allegations against people who work with children and expects that each member organisation will identify a named Senior Nominated Officer (SNO).

4.4 The Director of Nursing is the SNO for the CCG and has the responsibility for:

- Ensuring that the CCG deals with allegations in accordance with LSCB/SAB procedures;
- Resolving any inter-agency issues when an allegation is made
- Liaising with the Local Authority Designated Officer (LADO).

4.5 Each Local Authority has a Local Authority Designated Officer (LADO) to act on their behalf in investigating allegations. This role plays a critical part in terms of working in partnership with the NHS to manage risk and was cited as the critical relationship in the Savile investigations. The LADO will:

- Be involved in the management and oversight of individual cases;
- Provide advice and guidance on managing allegations;
- Liaise with police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible.

## 5. Procedure for managing allegations: Immediate actions

5.1 There are a number of sources from which a complaint or an allegation might arise, including those from:

- A child or young person
- A parent or other adult
- A member of the public
- A colleague (see whistle blowing procedure)
- A disciplinary investigation
- A child protection/safeguarding adults investigation
- A police investigation

### 5.2 Initial action by a person receiving or identifying an allegation

5.2.1 The person to whom the allegation is first reported should treat the matter seriously and keep an open mind.

5.2.2 The safety of the vulnerable person (child, young person or adult) is of paramount importance. Immediate action may be required to safeguard investigations and any other children, young people or adults at risk, in which case a referral to the police should be made.

5.2.3 The person receiving the allegation **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 what was said;
- Immediately report the matter to the SNO or Designated Nurse for Safeguarding and Looked After Children/ Designated Nurse for Safeguarding Adults; or to the Chief Operating Officer if the SNO or their deputy is the subject of the allegation;
- Consider if the child has suffered, or is at risk of suffering, significant harm and if this is the case make an immediate referral to the First Contact Service/ Children's Access Point in accordance with LSCB procedures.
- Follow local safeguarding adults policy and procedures and make a referral to Social Care / Multi-

- Agency Safeguarding Hub (MASH) if the concern is about a vulnerable adult
- If the concern arises outside normal office hours, then the referral should be made to the Emergency Duty Team (EDT) and the SNO informed at the earliest opportunity the next working day.

#### 5.2.4 They **should not**:

- Instigate an investigation;
- Ask leading questions;
- Alert the alleged member of staff of the concern because it may hinder the investigation (advice should be sought from the SNO);
- Make assumptions or offer alternative explanations;
- Promise confidentiality (see below);

### 5.3 Initial action by the Senior Nominated Officer

5.3.1 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 a child protection/adults at risk referral is made (or has been made) in accordance with the STSCB or SAB multi agency procedures, and where appropriate to the Police.
- Report the allegation to the LADO within one working day;

5.3.2 The LADO can be contacted during office hours on the details in appendix 2.

5.3.3 The report to the LADO should include;

- written details of the concern/allegation;
- Record any information relating to times, dates, location of the incident, and names of any potential witnesses;
- Record all discussions, any decisions made and the reasons for the decisions.

5.3.4 If the concern is received outside normal working hours and requires immediate action, the SNO should consult with the Out of Hours Team or Police and inform the LADO the next working day.

5.3.5 The information shared with the LADO should be recorded in accordance with LSCB Multi Agency procedures.

5.3.6 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). Available at:  
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=75173>

5.4 Any action taken by the CCG to manage an allegation must not jeopardise any external

investigations, such as a criminal investigation.

## **6. Procedure for managing allegations: next steps**

6.1 There are three 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.
- A police investigation of a possible criminal offence.
- Consideration of an investigation under disciplinary procedures (including possible suspension from duties: see sections 11.3 and 11.4).

6.2 The police are the only agency that is able to clarify what amounts to a criminal offence therefore the Police must be consulted about any case in which a criminal offence may have been, or is suspected to have been, committed.

6.3 Where the issue is in relation to safeguarding children, when the SNO liaises with the LADO they will agree any information that needs to be shared with another geographical area depending on where the staff member lives. The LADO can be contacted during office hours on the details in appendix 2.

6.4 Immediate issues of investigation and management of the employee should be discussed and agreed at this time, including what information should be passed to the staff member concerned at this point and consider whether the staff member should be suspended from their duties.

6.5 Where the issue is in relation to an adult at risk of harm or abuse, the SNO will need to consider whether they need to discuss the case and allegations with the Police and or the relevant Safeguarding Children or Safeguarding adult team, to determine which agency will lead on the investigation of allegations.

6.7 Following discussion with the LADO, for CCG directly employed staff, the SNO 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 is appropriate during the period of investigation (see 11.4 below). HR will advise on the authority levels and process requirements for this action (see 11.3 below). HR will also advise whether the CCG disciplinary procedure is to be followed and whether referral is needed to the Disclosure and Barring Service.

6.8 In the case of a practitioner subject to the performer's list regulations, the Local Policy and Procedures for Management of General Practitioner Performance Concerns should be followed. HR advice will be provided for staff who are agency, seconded, or self-employed staff working on behalf of the CCG.

6.9 In conjunction with HR, if the staff member is a registered professional, a decision will be made as to whether the criteria are met for a referral to the relevant regulatory body.

## **7. Informing the referred person**

7.1 Following advice from the LADO 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 kept informed of the progress and outcome of the investigation and implications for any disciplinary action;

- If suspended, be kept up to date about events in the workplace.

## **8. Strategy Meeting and LADO Discussion Meeting**

8.1 If there is cause to suspect that a child is suffering or at risk of suffering significant harm a Strategy Meeting/LADO Discussion Meeting will be held. This will be held in two parts: the first part will be the Strategy Meeting and will focus on the welfare and safety of the child/ren. The second part of the meeting will be the LADO discussion

## **9. Managing allegations against staff in their personal lives**

9.1 If an allegation or concern arises about a member of staff outside of their work and this may present a risk of harm to children/adults at risk for whom the member of staff is responsible, these procedures still apply.

9.2 The LADO discussion/meeting will decide whether the concern justifies approaching the member of staff's employer for further information and inviting the employer to a LADO meeting.

9.3 In some cases an allegation of abuse against someone closely associated with a member of staff may present a risk of harm to the children/adults at risk for whom the member of staff is responsible. In these circumstances the SNO and LADO should consider:

- The ability and/or willingness of the member of staff to adequately protect the children;
- whether measures need to be put in place to ensure their protection;
- whether the role of the staff member is compromised.

9.4 If concerns arise in an individual's private life that have bearing on their work in another local authority area, the LADO should contact the LADO for that area and share the concerns and agree any action needed.

## **10. Managing allegations: non-directly employed staff**

10.1 As detailed in the recent lessons learnt report into Savile by Kate Lampard QC (2015), if a safeguarding allegation is made against a worker working for the CCG who is not directly employed by them, the allegation must also be shared with their employer or the body that engaged them at the earliest opportunity. The following are examples of some potential scenarios that might arise, but this is not exhaustive;

- Allegations against contracted staff including GPs, Optometrists, Dentists and Pharmacists should be managed according to the respective performers' list policies and procedures.
- Allegations made against agency workers must be reported to the appointing agency and referred to the relevant CCG Procurement Lead.
- Allegations made against workers employed by external contractors should be referred to the contractor and the relevant lead body in NHS England/CCG responsible for managing the service level agreement with the contractor.
- Allegations made against workers seconded in from another employer to the CCG, or embedded with CCG but employed elsewhere, should be reported to the relevant employer.
- Allegations made against volunteers undertaking duties for or on behalf of the CCG must also be reported to the voluntary body the person is volunteering with. The SNO should undertake the duties set out in sections **5** to **10** above.

10.2 The SNO will need to engage with the other relevant parties outlined above to decide how the allegation should be managed. These scenarios are likely to be complex and the SNO should take early advice from their LADO and HR leads. It is recommended that a meeting is held between CCG and the other party/parties at the earliest opportunity, noting the responsibility to report issues to the Police and/or Social Care teams within 24 hours of the allegation being received. Such parties should be asked to attend the strategy meeting.

10.3 For contracted staff such as GPs the local performance manager should be informed so that the case can be reviewed and investigated. Cases may need to be referred to the performance group for action and further referral to the GMC.

10.4 Despite the fact that allegations against such workers should be reported as above, the CCG still retains a responsibility to consider how the allegations should be managed if the allegation has a connection with, or relevance to, the duties that the worker undertakes with the CCG. All such allegations also need to be reported and escalated by the lead CCG manager in accordance with the requirements of this policy.

10.5 Discussions must clarify who is responsible for referring the matter to the LADO or the police: and evidence of actions taken promptly provided and if this is not forthcoming then the CCG SNO appointed to deal with the case should make the referrals on behalf of the CCG and advise the other party accordingly.

## **11. Procedure for Managing allegations: actions and outcomes**

### **11.1 Confidentiality**

11.1.1 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, facilitate enquiries and manage disciplinary processes.

11.1.2 The Police will not provide identifying information to the press or media, until a person is convicted, other than in exceptional circumstances. In such cases, the reasons should be documented and partner agencies consulted beforehand.

### **11.2 Unsubstantiated or False Allegations**

11.2.1 Following the initial LADO Meeting or Discussion, if an allegation is determined to be unsubstantiated, false or unfounded, the LADO should complete the Allegations Management Recording Form, including sufficient details of the findings and will liaise with the SNO/employer.

11.2.2 False allegations are rare, but may be an indicator of abuse elsewhere that requires further exploration. If an allegation is demonstrably false the employer, in consultation with the LADO, should consider referring the child to Children's Services/Adults Social Care to determine whether the child/adult is in need of services or might have been abused by someone else.

11.2.3 If it is established that an allegation has been deliberately invented, the Police should be asked to consider whether it might be appropriate to take action against the person responsible.

11.2.4 At the conclusion of a case in which the allegation is unsubstantiated, the SNO should review the circumstances of the case to determine whether there are any improvements to be made to the CCG's procedures or practice to help prevent similar events occurring in the future.

### **11.3 Disciplinary process and investigation**

11.3.1 In all cases, the LADO, the Senior Nominated Officer and the Employer's 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 and/or Children's Services/Adults Social Care;
- The result of any investigation;
- The different standard of proof in disciplinary and criminal proceedings.

11.3.2 The decision to instigate disciplinary proceedings lies with the Employer, who will comply with their organisational internal HR policy and procedures.

11.3.3 In the case of supply, contract or volunteer workers, normal disciplinary procedures may not apply. In these circumstances, the LADO and Employer should act jointly with the providing agency, if any, in deciding whether to continue to use the person's services, provide future work with children, or whether to make a report for consideration for Disclosure and Barring Service (see section 12 below) or other action.

11.3.4 If formal disciplinary action is not required the employer should institute any agreed actions arising from the LADO Discussions / Meetings.

11.3.5 It is recognised by all organisations that employers should do their utmost to ensure a timely resolution to any investigation / disciplinary proceedings

## **11.4 Suspension**

11.4.1 The possible risk of harm to children/adults posed by the referred person needs to be evaluated and managed effectively in respect of the child/adult involved, and any other children/adults who may be at risk in the referred member of staff's home, work or community. In some cases this requires the employer to consider suspending the member of staff. Suspension is a neutral act and is not automatic. The power to suspend is invested in the employer alone, in consultation with its HR department. It should be considered where:

- There is cause to suspect a child/adult is at risk of significant harm;
- The allegation warrants investigation by the Police;
- The allegation is so serious that it might be grounds for dismissal;
- There is cause to suspect that the individual has the potential to intimidate a person(s) whom they know or believe to be involved;
- There is cause to suspect that the individual may have the potential to destroy or contaminate evidence related to the investigation; this needs to include the potential to destroy evidence at home and the timing of suspension needs to be agreed with the police
- Other circumstances particular to the case that warrant suspension.

11.4.2 Only the employer has the power to suspend a referred employee and they cannot be required to do so by a local authority or Police.

11.4.3 If a suspended person is to return to work, the employer should consider what help or support might be appropriate (e.g. a phased return to work, the provision of a mentor), and also how best to manage the member of staff's contact with the child/adult concerned.

## **11.5 Actions on conclusion of a case**

11.5.1 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 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.

11.5.2 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.

11.5.3 The employer/SNO and the LADO should review the circumstances of each case to determine whether there are any improvements to be made to the CCG's procedures or practise. Any recommendations from the review will be implemented and information disseminated to the appropriate people within the CCG and local safeguarding forum.

11.5.4 It is in everyone's best interest to resolve cases as quickly as possible, consistent with a fair and thorough investigation. Every effort should be made to avoid any unnecessary delay. It is expected that most cases are resolved within one month, although cases which require a criminal prosecution or a complex police investigation are likely to take longer.

## **12. Disclosure and Barring Service (DBS)**

12.1 As an employer of staff in a 'regulated activity' the CCG also has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006. Managers must report concerns to their local HR team, who should seek advice from the CCG safeguarding team. The following groups may be referred for information to the Disclosure and Barring Service:

- If an employee or worker of the CCG has been permanently removed from 'regulated activity' through dismissal or permanent transfer from 'regulated activity', or where they would have removed or transferred that person from regulated activity if they had not left, resigned, retired or been made redundant; and
- They believe the person has:
  - engaged in 'relevant conduct'
  - satisfied the 'harm test' (i.e. no action or inaction occurred but the present risk that it could occur was significant); or
  - Received a caution or conviction for a 'relevant offence' (see DBS website [www.gov.uk/disclosure-and-barring-service-criminal-record-checks-referrals-and-complaints](http://www.gov.uk/disclosure-and-barring-service-criminal-record-checks-referrals-and-complaints))

**12.2** A referral to the DBS should be made following initial information gathering to establish whether there is cause for concern. A referral should be made even if the person in question has left the CCG before an investigation and/or disciplinary process has been completed. However, it is important to note that the DBS has no investigatory powers and therefore relies upon evidence supplied to it. Managers therefore have a responsibility to complete investigations as far as possible, even where the individual leaves before investigations can be completed, so that the DBS has enough substantiated evidence on which it can base its decision. If additional information becomes available after making a referral this should also be provided to the DBS.

**12.3** The referral should be made using the DBS referral form and posted to the DBS enclosing all relevant information held. Please see further guidance and information at:  
<https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

## **13. Record Keeping**

13.1 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.

13.2 The above information should be retained on file until the member of staff reaches the age of 79 or 6 years after death, whichever is the longer period (in accordance with the CCG record keeping policy ).

13.3 Records should also be retained for staff who 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.

13.4 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.

13.5 Remember that emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the file accordingly.

## **14. Implementation**

14.1 This strategy will be endorsed and championed by the CCG and promoted via information portals. Provider Services will be expected to produce training plans in accordance with this strategy and those produced by the LSCB and SAB. Such plans will provide specific detail to practitioners on access to training and monitoring of training.

## **15. Monitoring & Review**

15.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

## **16. Associated Documentation**

- Domestic Abuse in the workplace policy
- Confidentiality & Data Protection Policy
- Incident Reporting & Management Policy
- Safeguarding Children and Looked After Children Policy
- Safeguarding Adults policy
- Disciplinary Policy
- MCA and DoLS policy
- Children Act 2004 (2004)
- Equality Act 2010
- Human Rights Act 1998.

- Care Act 2014
- Mental Capacity Act 2005
- Safeguarding Vulnerable Peoples Act 2006

### Appendix 1: Managing Allegations Against Staff - Flow Chart

Allegation Received

Allegation Received

Criminal proceedings

Criminal proceedings

**No case exists:** no further action required.

**No case exists:** no further action required.

Child/ adult considered to be at risk of **significant harm**

Child/ adult considered to be at risk of **significant harm**

Child/ adult considered **NOT** to be at risk of **significant harm** but further investigation required

Child/ adult considered **NOT** to be at risk of **significant harm** but further investigation required

**Referral to:** Children or Adults Social Care/Police

**SNO referral to:** LADO / Accountable Officer/ Incident report completed/ HR

Agree with LADO/ Police when to inform staff member of allegation

**Referral to:** Children or Adults Social Care/Police

**SNO referral to:** LADO / Accountable Officer/ Incident report completed/ HR

Agree with LADO/ Police when to inform staff member of allegation

Strategy Meeting/ LADO Discussion Meeting to agree further investigation

Strategy Meeting/ LADO Discussion Meeting to agree further investigation

**No further action**

**No further action**

STEIS incident closed

STEIS incident closed

Police investigation

Police investigation

Disciplinary procedures considered

Disciplinary procedures considered

**Case substantiated**

**Case substantiated**

Disciplinary hearing  
Disciplinary hearing  
Inform: DBS/ Regulatory Body

Inform: DBS/ Regulatory Body

Discuss allegation with Senior Nominated Officer and/or the Designated Nurse for Safeguarding Children/Designated Nurse for Safeguarding Adults and agree actions.

Discuss allegation with Senior Nominated Officer and/or the Designated Nurse for Safeguarding Children/Designated Nurse for Safeguarding Adults and agree actions.

### **Appendix 2: Record keeping checklist**

The Nominated Safeguarding Senior Officer will have the responsibility for ensuring that records are kept throughout the investigation of the allegation/concern. This checklist reflects the information needed, but this is not exhaustive:

- The nature of the allegation/concern.
- Who was spoken to and when as part of the process and what statements/notes were taken.
- What records were seen and reviewed.
- Why specific decisions/actions were taken, including suspension and any actions taken under the CCG Disciplinary Procedure.
- What alternatives to actions were explored.
- Minutes and actions of all meetings that take place.

The above information will be held until the employee reaches the age of 79 or 6 years after death, whichever is the longer period

<b>Investigation</b>	<b>Key actions</b>	<b>Contact details</b>	<b>Date completed</b>
Clarify nature of the allegation	Social Care contacted		
	LADO contacted		
	Designated Nurse contacted		
	HR contacted		
	Police contacted		
	Accountable Officer contacted		
	STEIS completed		
Statement and notes (identify where documents are stored)			
Actions taken			
Minutes of relevant meetings			

### **Appendix 3**

#### **Local Authority Designated Officers (LADO) contact details**

**Newcastle LADO:**

Melanie Scott

Telephone: 0191 2116730

Email: melanie.scott@newcastle.gcsx.gov.uk

**Gateshead LADO:**

Nicholas Leon

Telephone: 0191 4333554

Email: LADO@gateshead.gov.uk.cjism.net

**Appendix 4 Equality Impact Assessment****What impact will the new policy/system/process have on the following:****Age - Consider and detail age related evidence. This can include safeguarding, consent and welfare issues**

Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email and the internet can be accessed by all users in the workplace.

**Disability - Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities**

The disability status of the workforce across the region is unknown therefore relevant tools could be made available to staff that potentially do have a disability that the organisations are unaware of. For example, a process to access interpretation services such as BSL. The policy should be able to be communicated in alternative methods as required for those with a disability and/or visual impairment such as braille, large font, interpreters etc.

If training is being carried out to promote the Policy, ensure a venue has disabled parking and is wheelchair friendly.

**Gender reassignment (including transgender) - Consider and detail evidence on transgenderpeople. This can include issues such as privacy of data and harassment.**

The policy does not include vocabulary that could cause offense or discriminate against any staff members that identify as transgender.

**Marriage and civil partnership - Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.**

The content of this policy does not include vocabulary that discriminates against staff that may be married or part of a civil partnership.

**Pregnancy and Maternity - Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.**

The policy does not discriminate against staff that are currently pregnant or on maternity leave and can be accessed while on maternity leave or any other leave of absence via the organisation's website.

Part-time staff can access the policy whilst at work via the intranet.

**Race - Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.**

A process should be in place for translation services to be made available where required.

**Religion or belief - Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.**

The policy does not discriminate against staff that hold any particular religion or belief.

**Sex/Gender - Consider and detail evidence on men and women. This could include access to services and employment.**

The Policy does not discriminate between staff that are men or women.

**Sexual orientation - Consider and detail evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.**

The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.

**Carers - Consider and detail evidence on part-time working, shift-patterns, general caring responsibilities.**

The content of this policy and vocabulary used does not discriminate against staff who have carer responsibilities.

the policy can be discussed in a 1-1 basis with the designated nurse if required.

**Other Identified Groups and Health Inequalities - Consider and detail evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers). What is the potential impact of your work on health inequalities?**

Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.

### Action plan

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access policy due to	Age, disability	Have a process in place for alternative formats provided if required. As part of reasonable adjustments	All staff can access and use the policy. NECS HR or Equality	Jenna McGuinness, HR Manager	On receipt of individual

particular  
characteristic

on  
appointment  
or during  
employment  
any policy  
should be  
adapted by  
the CCG

Team can be  
contacted  
for any  
requests.

request