

## DEALING WITH SAFEGUARDING ALLEGATIONS OR CONCERNS ABOUT INDIVIDUALS UNDERTAKING WORK WITH CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS IN THE TRUST POLICY

		POLICY
Reference	CPG-TW-SG-AoC	
Approving Body	Patient Safety Committee	
Date Approved	10 <sup>th</sup> December 2021	
For publication to external SFH website	<b>Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:</b>	
	<b>YES</b>	<b>NO</b>
	x	
Issue Date	5 <sup>th</sup> January 2022	
Version	v5.0	
Summary of Changes from Previous Version	<ul style="list-style-type: none"> <li>Policy reviewed and relevant dates amended.</li> <li>Pathways updated.</li> <li>Information from separate SOP now integrated within this version of the policy.</li> </ul>	
Supersedes	<ul style="list-style-type: none"> <li>Dealing with safeguarding allegations or concerns policy, v4.1, issued 7<sup>th</sup> May 2020 to Review Date August 2021(ext<sup>1</sup>)</li> <li>Management of Allegations Against Professionals SOP, v1.2, issued 7<sup>th</sup> May 2020 to Review Date August 2021 (ext<sup>1</sup>)</li> </ul>	
Document Category	<ul style="list-style-type: none"> <li>Clinical</li> </ul>	
Consultation Undertaken	Safeguarding Steering Group membership	
Date of Completion of Equality Impact Assessment	28/09/2021	
Date of Environmental Impact Assessment (if applicable)	N/A	
Legal and/or Accreditation Implications	None	
Target Audience	Trust wide	
Review Date	December 2024	
Sponsor (Position)	Chief Nurse	
Author (Position & Name)	<ul style="list-style-type: none"> <li>Safeguarding Lead &amp; Named Nurse Safeguarding Children and Young People, Lisa Nixon and</li> <li>Named Nurse Safeguarding Adults, Richard Idle</li> </ul>	
Lead Division/ Directorate	Corporate	
Lead Specialty/ Service/ Department	Nursing – Safeguarding Team	
Position of Person able to provide Further Guidance/Information	<ul style="list-style-type: none"> <li>Safeguarding Lead &amp; Named Nurse Safeguarding Children &amp; Young People</li> <li>Name Nurse Safeguarding Adults</li> </ul>	
<b>Associated Documents/ Information</b>	<b>Date Associated Documents/ Information was reviewed</b>	
Not Applicable	N/A	
Template control	June 2020	

## CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS/ ABBREVIATIONS	3
4.0	ROLES AND RESPONSIBILITIES	4
5.0	APPROVAL	4
6.0	DOCUMENT REQUIREMENTS	4-11
	6.1 Record keeping	4
	6.2 Key principles	5
	6.3 Key actions	5
	6.4 Obtaining the facts	5
	6.5 Allegations relating to children	6
	6.6 Internal investigation process	7
	6.7 Support	8
	6.8 Whistleblowing	8
	6.9 Necessity to Suspend / Exclude from Duty	8
	6.10 Disciplinary Investigations and Disciplinary Hearings	9
	6.11 Resignations and “Compromise Agreements”	9
	6.12 Record Keeping	10
	6.13 Unfounded and False Allegations	10
	6.14 Referral to the Disclosure and Barring Service (DBS)	10
	6.15 Learning the Lessons	10
	6.16 Volunteers	10
	6.17 Allegations Involving Non-Substantive Staff	10
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	12
8.0	TRAINING AND IMPLEMENTATION	13
9.0	IMPACT ASSESSMENTS	13
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	13
11.0	KEYWORDS	13
12.0	APPENDICES (list)	13
<a href="#">Appendix A</a>	Record of concerns/ allegations form ( <b>representational copy</b> )  For live/ useable form see Safeguarding intranet site: <a href="http://sfhnet.notts.nhs.uk/content/showcontent.aspx?ContentId=57570">http://sfhnet.notts.nhs.uk/content/showcontent.aspx?ContentId=57570</a>	14-15
<a href="#">Appendix B</a>	Management of Allegations out of hours	16
<a href="#">Appendix C</a>	Equality Impact Assessment	17-19

## 1.0 INTRODUCTION

Children and adults can and have been abused by those who work with them. An allegation against a member of staff may arise from a variety of sources e.g. a report from a child, a complaint from a parent/carer, a concern raised by another adult within the trust or from another agency.

Any concerns about or allegations against those working with children must always be taken seriously. *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* [2018] and the *Care Act 2014* requires all agencies to have robust guidance in place to investigate and address concerns or allegations that is consistent with the statutory guidance within it.

Those undertaking investigations should be particularly alert to any indication that the abuse may be widespread and more than one perpetrator is involved.

This policy is issued and maintained by the Chief Nurse on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

## 2.0 POLICY STATEMENT

Sherwood Forest Hospitals NHS Foundation Trust [SFHFT] believes that all children, young people and adults have an equal right to be safe and protected and is committed to safeguarding and promoting the welfare of all children, young people and adults who are cared for within or have contact with the Trust.

All allegations or concerns about a member of staff will be dealt with expeditiously, fairly and appropriately.

The safety and welfare of the child, young person and adult is of paramount importance and must never be compromised during any investigation.

## 3.0 DEFINITIONS/ ABBREVIATIONS

'The Trust':	Means the Sherwood Forest Hospitals NHS Foundation Trust.
'Staff':	Means all employees of the Trust including those managed by a third party organisation on behalf of the Trust.
'Named Professionals'	Named Doctor and Named Nurse for Safeguarding Children, Named Nurse Safeguarding Adults
'LADO'	Local Authority Designated Officer [has a multi-agency responsibility for allegations/concerns]
HR	Human Resources
NHSM&E	NHS Midlands and East
DBS	Disclosure and Barring Service

## 4.0 ROLES AND RESPONSIBILITIES

The responsibility for ensuring that this policy is followed is shared by all staff with managerial responsibilities

It is the responsibility of all members of staff to ensure that any allegation/concerns they may have or receive information about are **immediately reported** to their line manager. It is then the line manager's responsibility to inform the Named Nurse for Safeguarding. If their line manager is the subject of the concerns or allegation they should be reported to the next manager in line or Named Nurse for Safeguarding.

Where an allegation/concern comes to the Named Nurse for safeguarding it is their responsibility to make contact with Head of Operational HR [or designed deputy] to ascertain/clarify that the member of staff subject to the allegation/concern is a SFHFT employee.

It is the responsibility of the Named Nurse for Safeguarding to alert the executive lead [or in his/her absence his/her deputy], Divisional Director or Head of Nursing, and Head of Operational HR [or designed deputy]. A decision will then be made as to who will take the lead in the investigation.

If there is a concern that as a result of an allegation, a child aged 16 or under may be at risk, it is the responsibility of the **Named Nurse for Safeguarding Children** to inform the LADO (for children) **within 24hrs** of the allegation/concerns being identified. If the allegation or concern occurs out of hours or at the week end then this is done at the **earliest opportunity**.

Should the allegation be made out of working hours it is the responsibility of the Duty Nurse Manager with support from Silver and Gold on call follow the process as set out in Appendix B.

## 5.0 APPROVAL

This policy (v4.0) has been approved by the Trust's Safeguarding Steering Group.

## 6.0 DOCUMENT REQUIREMENTS

### **6.1 Record keeping**

The person to whom the allegation/concern is first reported should:

- Immediately report the matter to their manager [or to the Named Nurse for Safeguarding if their manager is the subject of the allegation/concern].
- The manager of the area should complete the [Record of concerns/ allegations form](#) – *Appendix A available on Trust safeguarding intranet site under Allegations Against Staff.*
- A copy of this completed form should be sent to the Named Nurse for Safeguarding.

## **6.2 Key principles**

Considerations must be given to:

- Whether involvement of social care is required into whether a child/young person/adult is at risk of harm or abuse or is in need of protection.
- Whether the police will need to investigate any possible criminal offence.
- Whether disciplinary action may be required.
- Whether the staff member, the subject of any allegation, is able to continue in their role, or if alternative provision needs to be made.

The safety of the individual identified to be potentially at risk is of paramount importance, with immediate actions being required to ensure their safety and in safeguarding any potential investigation

Appropriate clinical interventions must be enacted, which may include medical review, body mapping along with clear written documentation of all investigations and actions undertaken

Consideration must be given to the preservation of evidence, which could include e.g. retaining clothing, bedding or swabs. Ensure evidence is appropriately bagged, labelled and stored in a safe place until requested by the police.

Reputational issues must be considered, with input as required from other parties such as the Communications Team

Where the allegation relates to a child (or the alleged perpetrator may work with children), the Named Nurse for Safeguarding Children will liaise with LADO in respect of any additional steps see para 6.5

## **6.3 Key actions**

The person to whom the allegation/concern is first reported should not:

- Investigate or ask leading questions when seeking clarification.
- Make assumptions or offer alternative explanations.
- Promise confidentiality, but give assurance that information will only be shared on a need to know basis.
- Alert the member of staff concerned of the allegation/concerns.

## **6.4 Obtaining the facts**

The Named Nurse for Safeguarding will organise an initial planning meeting, which would normally be expected to include an HR representative and a clinical lead. This will determine whether external parties e.g. Police, Social Care need to be involved, or if the Trust can commence an initial fact find. It must be established whether the child/young person/adult is safe from further harm. Appropriate consideration must be given to potential safety issues for other patients, members of staff or members of the public. An individual will be identified as the allocated lead in doing an initial fact find

The allocated lead with support from the Named Nurse for Safeguarding will:

- Obtain written details of allegation/concerns. This should be dated and signed by the person providing the information.
- Record information about times, dates, location of incident[s] and names of any potential witnesses.
- Record any discussions about the child, vulnerable adult or member of staff, any decisions made and the reasons for those decisions.
- Record details of parents/carers and any siblings.
- Determine if the allegation can be properly dealt with by the Trust's internal procedures or whether the Police and/or Social Care should be involved. If it is to be dealt with via the Trust's internal disciplinary procedures a decision will be made as to who will be the Investigating Officer assigned to carry out the investigation, and who will be the Case Manager to whom the Investigation report will be submitted.
- Agree, how, by whom and at what stage the parents/carers of the child or adult (if the adult is assessed to lack mental capacity) should be informed. NB: In some circumstances, the parent(s)/carer(s)/ adult may need to be told straight away e.g. if the child/adult is injured and requires medical treatment.
- Agree how, by whom and at what stage should the member of staff be informed of the concern/allegation. This is because Police and/or Social Care may wish to restrict the information provided.
- Determine what support the child, adult or their parents/carers may require and who can offer this.
- Consider if the concerns/allegations are historical to establish if the person accused is still working with children and/or adults at risk. The response to historical allegations should be the same as for contemporary concerns.
- Consider the risk to children, young people and adults at risk within the Trust.
- Consider the Trust's guidelines/training on the use of immobilisation techniques if the concerns/allegations involved the restraint of a child.
- Refer to the Restrictive practices policy if the concerns/allegations involved the restraint of an adult or child.

## 6.5 Allegations relating to children

In addition to the actions stated elsewhere, in addition the Named Nurse for Safeguarding will contact the **Local Authority Designated Officer [LADO] within 24hrs** to consider any additional steps

The LADO should also be informed of any concerns of organised or widespread abuse, as complex abuse procedures may need to be applied.

### Local Authority Strategy Discussion/Meeting

If there is any indication that that Social Care and/or Police involvement is required the Named Nurse for Safeguarding and LADO must have a strategy discussion with the Child Abuse Investigation Unit and relevant Social Care Team Manager without delay and in any case within 24hrs.

A strategy discussion may take the form of a meeting, but on occasions a telephone discussion may be justified. The Head of Operational HR [or designed deputy] may also be invited to attend/take part in this discussion.

The strategy discussion should decide whether a Police investigation and/or enquiries by social care are required, and whether any parallel disciplinary process can take place. It should also consider issues such as support for the child, adult and member of staff, and possible media interest.

If no formal disciplinary action is required the decision should be made within three working days of the discussion.

The parent/carer and child, if sufficiently mature or adult should be helped to understand the processes involved and kept informed of the progress of the case. They should be told the outcome of any disciplinary process, but not the deliberations of, or information used in, a hearing. Social Care, if involved, should be consulted to ensure that the needs of the children, young people and adult are addressed and met.

To main confidentiality any meetings held to discuss individual cases should only include those staff on an absolute need to know basis.

## **6.6 Internal investigation process**

The NHS Serious Incident Framework (2015) requires the Trust to record allegations of abuse against the organisation or its staff to be raised as a serious incident. The Trust identifies such allegations via its incident recording system DATIX. The Trust also acknowledges the need to ensure that confidentiality for all involved be maintained as a matter of priority.

Therefore, from an incident recording and internal management perspective the following process should be followed: (see also

The QGLs (Quality Governance Leads) will ensure that the Named Nurses for Safeguarding are copied into all incidents on Datix with a safeguarding element – to include those that have been reported under security rather than safeguarding.

- QGLs will 'cleansed' AAP incidents on Datix if required with all detail other than the most basic. The cleansed information will be copied to Head of Nursing Quality Governance, Named Nurses for Safeguarding, Chief and Deputy Chief Nurse and relevant Triumvirate.
- The Named Nurses for Safeguarding will lead a strategy meeting (to include Senior Divisional Staff and the relevant QGL) and will agree: how the incident needs to be managed (if STEIS reportable see below), TOR, lead investigator, arrange follow up meetings and agree safeguarding involvement as the investigation progresses.
- Once the investigation is complete The Named Nurse for safeguarding will lead a further strategy meeting which will: review the investigation findings and decided on next steps, i.e. progression to internal disciplinary processes.

If STEIS Reportable:

- If STEIS reportable, the AAP concern form completed/updated at the incident review meeting will be forwarded to the Head of Nursing for Quality Governance who will then formally request the Executives declare this as STEIS reportable.
- Head of Nursing for Quality Governance will upload to STEIS and inform CCG.
- Once the completed report has Safeguarding approval it will go to a 'closed' Divisional Sign Off – QGL will arrange for this to happen. Once approved at Division it will go to a 'closed' Trust Sign Off – GSU will arrange this.

Consideration should be given to what stage a serious incident report for NHSM&E and possibly MONITOR/ CQC should be made.

Whether there is a need to:

- Develop a Trust response to possible media interest.
- Initiate a telephone help line for concerned parents/carers.
- Close a department/unit [in extreme cases].

## 6.7 Support

The member of staff should be helped to understand the processes involved, the possible outcomes and be kept informed of progress. He/she should be advised to contact his/her union or professional association at the earliest opportunity. In addition, he/she should be made aware of the staff counselling service, Chaplaincy and/or Occupational Health Service as possible routes for further support.

Consideration should also be given to the support needs of colleagues who may be called as witnesses. **NB:** allegations **must not** be discussed if anyone is a potential witness.

## 6.8 Whistle Blowing

If a member of staff believes that an allegation or concern is not being dealt with appropriately by the Trust, he/she has recourse to the Trust's Whistle-blowing policy as reference to what action he/she can take to redress this.

## 6.9 Necessity to Suspend / Exclude from Duty

In some cases it will not be appropriate for a member of staff to remain at work whilst an investigation is being undertaken. After consideration of the circumstances it may be possible, as an alternative to suspension, to transfer the staff member concerned to a different work area or setting

Suspension from duty should be considered and Trust processes as set out in its Disciplinary Policy should be followed in any case where:

- There is cause to suspect a child or adult is at risk of significant harm, **or**
- The allegation warrants investigation by the police, **or**
- The allegation is so serious that it might be grounds for gross misconduct following a Disciplinary Hearing.

- Any decision to suspend must be agreed as per Trust Disciplinary Policy (full title to be added)

Confidentiality will be maintained at all times in this process by those involved.

Where the allegation involves the member of staff's family consideration must be given to the safety of the family members. The person leading the investigation in line with the staff member's line manager and Named Nurse for Safeguarding should decide if the police or other statutory services need alerting, if a staff member is suspended from duty.

## **6.10 Disciplinary Investigations and Disciplinary Hearings**

For disciplinary sanctions to be taken against a member of staff it is necessary for this to be preceded by a Disciplinary Investigation followed by a Disciplinary Hearing in full accordance with the Trust's Disciplinary Policy. The steps for doing this are fully set out in that policy and should be adhered to. However, In accordance with Working Together to Safeguard Children (2018), the investigation and report should be completed within 10 working days. Within two working days of submission of the report the decision should be made as to whether a disciplinary hearing is required; if one is required it should be held within 30 working days.

Where it has been decided that a Police investigation is to take place, consideration of whether this should run parallel with an internal Trust investigation or follow on from the completion of the Police investigation will take place, and advice from the Police will be sought on this.

The Named Nurse for Safeguarding will provide specialist advice to the case manager and/or panel chair involved in the above decision making to ensure that appropriate regard is made to on-going Safeguarding issues and/or communication with Police.

## **6.11 Resignations and “Compromise Agreements”**

Resignation should not halt the process of investigation. It may however require it to be speeded up.

Where disciplinary procedures have been instigated against the employee, the Trust shall conduct a reasonable investigation and form a genuinely held judgement based on reasonable grounds to determine whether the allegations have foundation. The investigation shall be completed, even when the employee resigns before it is finished.

Completing the investigation will allow the employer to make a judgement on whether further action is required, e.g. a referral to the regulatory body or the issue of an alert letter to protect the public. Any finding should also be reflected in any future work or professional references.

The Named Nurse for Safeguarding should be informed should the above occur to ensure that appropriate regard is made to on-going Safeguarding issues and/or communication with Police

## 6.12 Record Keeping

A copy of the Investigation Report should be kept on the member of staff's personal/termination file as well as details of how the allegation was followed up and resolved; the decisions reached and the action taken. It should be kept at least until the person reaches normal retirement age or for 10 years if longer (this is statutory guidance from Working Together to Safeguard Children 2018). A copy will also be kept by the Named Nurses as part of the secure AAP investigation report file.

## 6.13 Unfounded and False Allegations

If there is evidence indicating the allegation has been deliberately invented, the Police should be asked to consider what action may be appropriate.

If an allegation relating to abuse involving a child is demonstrably shown to be false following investigation, the LADO should refer the matter to Social Care to determine whether the child is in need of services, or might have been abused by someone else.

## 6.14 Referral to the Disclosure and Barring Service (DBS)

If the allegation is substantiated and the Trust ceases to use the member of staff's services, or he/she resigns or otherwise ceases to provide his/her services, the LADO and Named Nurse for Safeguarding should discuss whether a referral should be made DBS.

## 6.15 Learning the Lessons

A final meeting of those involved with the investigation and any follow up action should be held to ensure that:

- All tasks have been completed;
- Where appropriate, to agree an action plan for future practice based on lessons learnt.

## 6.16 Volunteers

For volunteers working at the Trust the same process as above will apply for the investigation. However, the outcome will be handled differently as they don't come under the Trust's Disciplinary Policy. The voluntary agreement they sign with the Trust can be brought to an end without formal notice if an investigation demonstrates sufficient concern about any aspect of their performance.

## 6.17 Allegations Involving Non-Substantive Staff

All allegations of abuse made in respect of non-substantive staff, i.e. agency and bank workers, students or contractors will be managed with due regard for this policy.

Appropriate referrals to Adult or Children's Social Care will be enacted within the timeframes stipulated. No delay will be caused by reason of hierarchical or line management dispute.

In all cases where allegations are made in respect of non-substantive staff, the appropriate manager within the agency (including the Trust Bank) responsible will be alerted to the allegation and action taken by the operational manager in the area in which they are working.

Agreement will be reached between appropriate Human Resource officers in each organisation as to where the primacy of an investigation relating to conduct will rest.

The Trust reserves the right to seek assurance that this is being done. As with all investigations, a Police / criminal line of enquiry will take precedence above all others.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Compliance with the allegation process as detailed within the policy.	Named Nurses for Safeguarding	Reporting to the Safeguarding Steering Group via the quarterly/annual report.	ongoing	Safeguarding Steering Group

## 8.0 TRAINING AND IMPLEMENTATION

Training is provided through safeguarding mandatory training.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix C](#)
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

- HM Government [2018] *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, Stationery Office, London
- Nottinghamshire and Nottingham City Safeguarding Children Partnership [2019] *Safeguarding Children Procedures*  
[nottinghamshirescb.proceduresonline.com/index.htm](http://nottinghamshirescb.proceduresonline.com/index.htm)
- NHS Employers Employment Check Standards [2010]  
<http://www.nhsemployers.org/recruitmentandretention/employment-checks/employment-check-standards/pages/employment-check-standards.aspx>
- Care Act 2014

### Related SFHFT Documents:

- Safeguarding Children Policy
- Safeguarding Adults Policy
- Holding Still and Restraining Children undergoing Health Interventions
- Whistle Blowing Policy
- Disciplinary Policy
- Incident Reporting Policy and Procedures
- Restrictive Practices for Adult Patients Policy
- Mental Capacity Act Policy

## 11.0 KEYWORDS

CYP, abuse; abused; concerns; investigations; staff; flow chart; flowchart; AAP; incident; standard operating procedure, SOP, against, professionals

## 12.0 APPENDICES

- [Appendix A](#) - Record of concerns/ allegations form (representational copy)  
For live/ useable form see Safeguarding intranet site:  
<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?ContentId=57570>
- [Appendix B](#) Management of Allegations out of hours
- [Appendix C](#) Equality Impact Assessment

**Appendix A**

**Record of concerns/allegations form (representational copy)**

For live/ useable forms see Safeguarding intranet site:

<http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?ContentId=57570>

**Details of person(s) where a concern has been raised:**

**Name/DOB:**

**Address:**

**Role within the Trust/area of work:**

**Length of time working for the SFHT:**

**Does their role involve them working with children:**

*Please provide details of **all** individuals who may be subject*

**Details of concerns/allegations**

**Nature of concern/allegation:**  
*Include name[s]/DOB[s]/address[es] of child[ren] and staff member[s]/carers[s] involved [if known]*

**Immediate action[s] taken:**

*This will vary with the nature of the concern/allegation.*

**Date/Time:**

**Action[s] taken:**  
*If appropriate, refer to the individual[s] concerned.*

- Ensure the safety of the child[ren]/ adult involved
- Protect other child[ren]/ adults cared for by the Trust

**Date/time concern/allegation reported to LADO (For Safeguarding Use Only)**

Name/Designation/Signature:

Representational copy

**Details of other agencies/organisations involved**

*For each agency/organisation [numbers will vary according to concern/allegation and role of the individual]:*

**Name of agency**

**Address/telephone number**

**Name of professional[s] /contact details :**

**Details of person completing this form**

**Date/Time:**

**Name:**

**Designation:**

**Signature:**

**Copies of report sent to:**

Line Manager

Named Nurse Safeguarding

Executive Lead for Safeguarding

Additional copies as appropriate

**Lead Investigator manager**

**allegations**

**Name/contact details**

**Role within the**

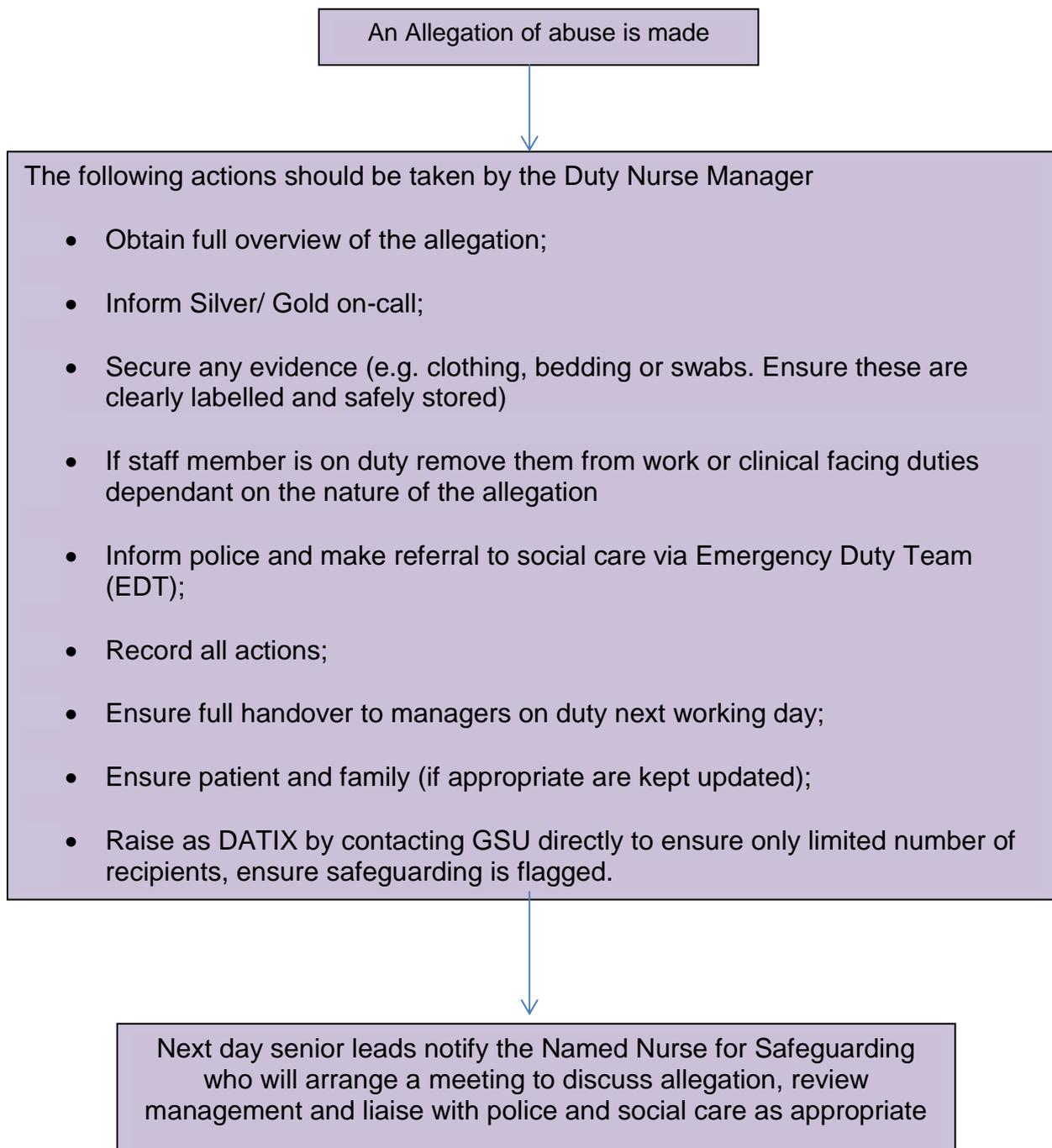
**Ongoing Case No.**

**Outcomes:**

**Representational copy**

## Appendix B – Management of Allegations Out-of-Hours

There will be times where allegations are made out-of-hours which require an immediate response. It should be acknowledged that this response needs to manage any immediate risk and then a full review may be required the next working day. For such concerns the Allegations against Staff process should consider the facts as they stand and when more detail is available, decisions reviewed. Please note you may make decisions that may change with more details but the initial response is to ensure the patient is safe and the allegations are taken seriously.



## APPENDIX C - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

<b>Name of service/policy/procedure being reviewed:</b> Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.			
<b>New or existing service/policy/procedure:</b> Existing			
<b>Date of Assessment:</b> 28/09/2021			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	This policy provides equitable care for all irrespective of race or ethnicity	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Gender</b>	This policy provides equitable care for all irrespective of gender	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Age</b>	This policy provides equitable care for all irrespective of age and is relevant to all patients over the age of 18 years	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Religion</b>	This policy provides equitable care for all irrespective of religion	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None

<b>Disability</b>	This policy provides equitable care for all irrespective of disability	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Sexuality</b>	This policy provides equitable care for all irrespective of sexuality	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Pregnancy and Maternity</b>	This policy provides equitable care for all whether pregnant or not.	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Gender Reassignment</b>	This policy provides equitable care for all irrespective of gender	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Marriage and Civil Partnership</b>	This policy provides equitable care for all irrespective of marital status.	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	This policy provides equitable care for all irrespective of socio-economic status	This policy replaces the previous Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy.	None

**What consultation with protected characteristic groups including patient groups have you carried out?**

- This policy acknowledges the needs of patients that require care from an acute perspective. To ensure that it is compliant with all legislation it has been shared with senior medical/nursing and safeguarding colleagues for consultation and feedback to ensure that it effectively meets the needs of all staff and patients.

<p><b>What data or information did you use in support of this EqIA?</b></p> <ul style="list-style-type: none"> <li>• HM Government [2018] <i>Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children,</i></li> <li>• Nottinghamshire and Nottingham City Safeguarding Children Partnership [2019] <i>Safeguarding Children Procedures</i></li> <li>• NHS Employers Employment Check Standards [2010]</li> <li>• Care Act 2014</li> </ul>
<p><b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Level of impact</b> From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (<a href="#">click here</a>), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p>
<p><b>Name of Responsible Person undertaking this assessment:</b> Lisa Nixon</p>
<p><b>Signature:</b></p>
<p><b>Date:</b> 28/09/2021</p>