

CO25: Managing Allegations Staff Policy and Procedure



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Version Control

Version	Date Approved	Committee	Date of next review	CCG Lead
V1 13/10/2015	13/10/2015	Quality Safety and Risk	October 2018	Head of Safeguarding
V2 07/10/2018	07/10/2018	Quality and Safety	October 2021	Designated Nurse Safeguarding Adults
V3 27/08/2021	12/10/2021	Quality & Safety	October 2024	Designated Nurse Safeguarding Children

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact SUNCCG.sccg@nhs.net

1. Introduction

- 1.1 Sunderland Clinical Commissioning Group (SCCG) 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 SCCG 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 2018](#) provides the statutory framework for safeguarding and promoting the welfare of children.
- 1.3 The [Care Act 2014](#) and accompanying [Care and Support Act Statutory Guidance 2018](#) provide the statutory framework for safeguarding and promoting the welfare of adults.
- 1.4 This policy is supported by a number of SCCG 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 SCCG. 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, SCCG 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: e.g. 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 SCCG:
 - The Quality Strategy
 - Safeguarding Commissioning Policy
 - Safeguarding Children and Cared for Children Policy
 - Safeguarding Adults Policy
 - Safeguarding Training Strategy<http://www.sunderlandccg.nhs.uk>

1.9 This CCG Policy should be used in conjunction with the [Sunderland Safeguarding Children Partnership's \(SSCP\) procedures](#) and the [Sunderland Safeguarding Adult's Board \(SSAB\) 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 children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity. The allegation or issue may arise either in the employee's/professional's work or private life. Examples include:

- Committing of a criminal offence against, or related to, children, young people or adults at risk.
- Behaving towards children, young people or adults at risk in a manner that indicates they 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, arising 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.

2.2 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', 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.

- 2.3** If an allegation relating to a child is made about a person who works with vulnerable adults, consideration will be given by the Senior Named Officer and the Designated Nurse regarding alerting the employee's line manager.
- 2.4** This policy applies to all employees and contractors of Sunderland 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.
- 2.4** 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 (2018, page 58) 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 Cared for 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 Abuse
 - Sexual abuse
 - Psychological abuse
 - Financial or material abuse
 - Modern slavery
 - Discriminatory Abuse
 - Organisational Abuse
 - 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 Sunderland Safeguarding Children Partnership has the responsibility to ensure that the CCG has effective procedures for dealing with allegations against people who work with children and expect that each member organisation will identify a named Senior Nominated Officer (SNO).
- 4.4 The Director of Nursing Quality and Safety is the SNO for Sunderland CCG and has the responsibility for:
- Ensuring that the CCG deals with allegations in accordance with SSCP/LSAB 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 Designated Office 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.
- 4.6 The Designated Officer 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 [Freedom to Speak: Raising Concerns \(whistle blowing policy\)](#))
 - 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 child, young person or an adult at risk 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.

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 the Designated Nurse Safeguarding Adults or Designated Nurse Safeguarding Children; or to the Chief Officer if the SNO is the subject of the allegation;
- 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 [Sunderland Safeguarding Multi Agency Procedures](#) or [Sunderland Safeguarding Adult's Multi Agency Procedures](#) .
- If the concern arises outside normal office hours, then the referral should be made to the Out of Hours Team on 0191 520 5560

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 SSCP or SSAB multi agency procedures, and where appropriate to the Police.
 - Report the allegation to the LADO within **one working day**;
The LADO in Sunderland can be contacted to discuss open cases on 0191 561 3901 or by email to designatedofficer@togetherforchildren.org.uk.

5.3.2 The report to the Designated Officer 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.

5.3.3 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 Designated Officer the next working day.

5.3.4 The information shared with the Designated Officer should be recorded in accordance with SSCP Multi Agency procedures.

5.3.5 The SNO should inform the CCG Accountable Officer and a Serious Incident report of the allegation against a healthcare or non-healthcare professional should be reported on the Strategic Executive Information System (STEIS). Available at [NHS improvement - steis](#)

5.3.6 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 Designated Officer they will agree any information that needs to be shared with another geographical area depending on where the staff member lives.

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 Designated Officer, for CCG directly employed staff, the SNO should contact the CCG [Human Resources 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.
- 6.9** HR advice will be provided for staff who are agency, seconded, or self- employed staff working on behalf of the CCG.
- 6.10** 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 Designated Officer 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 Designated Officer 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/Designated Officer 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 Designated Officer discussion (see SSCP procedures).
- 8.2** The Designated Officer does not have statutory responsibility for safeguarding adults and the safeguarding adults' procedures will be followed and a strategy meeting convened to consider any adult at risk issues with employment issues

covered within this meeting

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 Designated Officer discussion/meeting will decide whether the concern justifies approaching the member of staff's employer for further information and inviting the employer to a Designated Officer 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 Designated Officer 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 Designated Officer should contact the Designated Officer 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 [Kate Lampard report: themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile](#) (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 Designated Officer 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 Designated Officer 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 Designated Officer Meeting or Discussion, if an allegation is determined to be unsubstantiated, false or unfounded, the Designated Officer 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 Designated Officer, 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 Designated Officer, 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 Designated Officer 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 Designated Officer 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 Designated Officer 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 Designated Officer 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 forums.

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 [Disclosure and Barring Service](#) (DBS)
 - Refer to Sunderland CCG's Disciplinary policy for further information on the procedures to be followed.

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: [DBS referral form](#)

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. Equality Impact Assessment

14.1 SCCG is committed to promoting human rights and providing equality of opportunity; not only in employment practices, but also in the way which services are commissioned. The CCG also values and respects the diversity of its employees and its local community. In applying this Policy, SCCG will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

14.2 This Policy aims to be accessible to everyone regardless of age, disability (physical, mental or learning), gender (including transgender), race, sexual orientation, religion/belief or any other factor which may result in unfair treatment or inequalities in health or employment.

14.3 Throughout the development of this Policy, SCCG has sought to promote equality, human rights and tackling health inequalities by considering the impacts and implications when writing and reviewing the Policy. In accordance with appropriate equality duties an Equality Impact Assessment has been carried out on this Policy. There is no evidence to suggest that this Policy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights.

15. Implementation

15.1 This strategy will be endorsed and championed by all members of the CCG safeguarding team and promoted via information portals. Provider Services will be expected to produce training plans in accordance with this strategy and those produced by the SSCP and SSAB. Such plans will provide specific detail to practitioners on access to training and monitoring of training.

16. Monitoring, Review and Archiving

16.1 Monitoring

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

16.2 Review

The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

16.3 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

16.4 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

16.5 Archiving

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

Appendix 1 - Equality Impact Assessment

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Wendy Proctor

Job Title: Designated Nurse Adult Safeguarding

Organisation: Sunderland CCG

Title of the service/project or policy: Safeguarding Children and Children Cared For Policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

To advise the Quality and Safety Committee of key changes /updates to the policy

Who will the project/service/policy/decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This policy has been reviewed and refreshed there are no significant changes or detrimental impact on any equality group caused by this refreshed policy

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Wendy Proctor	Designated Nurse Adult Safeguarding	19/07/2021
Presented to (Appropriate Committee)		Publication Date
Quality and Safety Committee		October 2021

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.